



MARK R. JOHNSON  
Mayor

# CITY OF COVINGTON

## PLANNING AND ZONING OFFICE

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### APPLICATION FOR VARIANCE OR APPEAL REQUEST

Property Owner(s) Date \_\_\_\_\_

Petitioner(s) Date \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Owner's Signature *(I hereby certify that this petitioner has permission to apply for a resubdivision.)*

Petitioner's Signature *(I hereby certify all information submitted to the City of Covington is TRUE AND CORRECT. Failure to submit correct information may result in denial of petition.)*

VARIANCE REQUEST: \_\_\_\_\_

LOCATION OF PROPERTY/GENERAL DESCRIPTION: \_\_\_\_\_

EXISTING ZONING: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

PREVIOUS USE OF SITE: \_\_\_\_\_

SQUARE FEET OF BUILDING: \_\_\_\_\_

HEIGHT OF PROPOSED BUILDING: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

LOT SIZE: \_\_\_\_\_

**APPLICANT MUST SUBMIT THE FOLLOWING DOCUMENTS:**

(ALL PLANS MUST BE FOLDED, AND WE MUST HAVE 15 COLOR COPIES OF ANY COLOR DRAWINGS OR PHOTOGRAPHS.)

- One (1) copy of the Vicinity Map indicating the location of property
- One (1) electronic copy of the typed legal description and cash sale document of the property
- One (1) notarized and sealed copy of the Property Ownership Certification Form
- Fifteen (15) copies of the survey, signed and sealed. If structures are on the site, all front, side and rear setback line measurements must be on the survey.
- One (1) copy of a letter stating the nature of the Variance Request being sought by the applicant. The letter must state why a variance is needed for the development.
- A pre-application meeting with City Planner is advised.

**APPLICANT SHOULD RECEIVE THE FOLLOWING:**

- Copy of Part 7, Board of Adjustment
- Copy of applicable district regulations
- Copy of Part 4, Off-Street Parking and Loading Regulations (if applicable)
- Copy of Part 4, Minimum Landscape Requirements for all multi-family, commercial, religious, educational, industrial and institutional uses (if applicable)

**My signature certifies that I have received the above checked items:**

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Application Filing Fee</b>	<b>\$ 200.00</b>
<b>Advertising Fee</b>	<b>\$ 200.00</b>
<b>TOTAL FEES</b>	<b>\$ _____</b>

**PAID**  **DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_