



ST. CHARLES PARISH

DEPARTMENT OF PLANNING & ZONING

APPLICATION FOR APPROVAL SUBDIVISION OR RESUBDIVISION

PZS - WEB

PZS CASE #: _____ DATE SUBMITTED: _____

RECEIPT #: _____ ZONING DISTRICT: _____

I. APPLICANT INFORMATION:

(NOTE; IF THE APPLICANT IS A CORPORATION, GIVE THE NAME AND TITLE OF RESPONSIBLE OFFICER. CORPORATE RESOLUTION OR ARTICLES OF PARTNERSHIP MUST BE ATTACHED TO THE APPLICATION.)

PROPERTY OWNER(S): _____

ADDRESS: _____

PHONE: _____

SUBDIVISION ENGINEER OR LAND SURVEYOR: _____

DATE OF SURVEY: _____

II. PROPERTY DESCRIPTION:

SUBDIVISION NAME: _____

PROPERTY SIZE: _____

(NOTE: METES AND BOUNDS DESCRIPTION OF THE ENTIRE HOLDING, DEED RESTRICTIONS, EASEMENTS, ETC., INCLUDING A COPY OF THE DEED OR DEEDS MUST BE ATTACHED TO THIS APPLICATION.)
DEED OR DEEDS ARE RECORDED IN THE CLERKS OF COURTS OFFICE.

DATE	COB	FOLIO	DATE

HAVE ALL CURRENT TAXES BEEN PAID? YES NO IF NO, PLEASE STATE

EXCEPTION(S): _____

FLOODPLAIN DESIGNATION : _____

THE LAND IS ENCUMBERED BY _____ MORTGAGE (S) AS FOLLOWS:

A. MORTGAGE RECORDED IN MOB _____ PAGE _____

HELD BY _____

B. MORTGAGE RECORDED IN MOB _____ PAGE _____

HELD BY _____

IF THERE ARE ANY OTHER LIENS OR ENCUMBRANCES AGAINST THE LAND YOU MUST SPECIFY:

CHECKLIST OF APPLICATION REQUIREMENTS:

- 1. Complete application. If property owner is a corporate entity, the application must be signed by an authorized corporate representative and must be accompanied by a corporate resolution.**
- 2. Complete abutting property owner form (information MUST be obtained from Assessor's Office).**
- 3. Plat plan (Mylar and five copies), which conforms to all requirements for Preliminary Plats or Minor Subdivision Plats (whichever is applicable).**
- 4. Drainage Impact Analysis for any application affecting land areas of one acre or greater.**
- 5. Metes and bounds description of the entire holding, deed restrictions, easements, and servitudes including a copy of the deed or deeds thereto. (Deeds may be obtained at Clerk of Court's Office)**
- 6. Paid subdivision application fee (checks/money orders made payable to the St. Charles Parish/Dept. of Finance).**

PLANNER CERTIFICATION OF APPLICATION:

(Signature)

**** ALL COMMUNICATIONS WITH REGARD TO THIS SUBDIVISION OR RESUBDIVISION SHALL BE ADDRESSED TO THE FOLLOWING PERSON UNTIL FURTHER NOTICE:**

NAME: _____

ADDRESS: _____

CONTACT TELEPHONE NUMBER:

ABUTTING PROPERTY OWNERS

List names and addresses of **each owner** of property abutting the subject application parcel:

NAME OF PROPERTY OWNER(S)	ADDRESS OF PROPERTY OWNER(S)
1. _____	_____ _____
2. _____	_____ _____
3. _____	_____ _____
4. _____	_____ _____
5. _____	_____ _____
6. _____	_____ _____
7. _____	_____ _____
8. _____	_____ _____
9. _____	_____ _____
10. _____	_____ _____
11. _____	_____ _____
12. _____	_____ _____

If there are more than twelve abutting property owners list their names and addresses on an additional sheet(s) of paper and attach.

OWNER'S ENDORSEMENT

STATE OF LOUISIANA
PARISH OF ST. CHARLES

_____ being duly sworn, deposes and states: (i) that he or she is owner of the property described in this application; (ii) that all statements contained in this application are true to the best of his knowledge and belief; and (iii) that he or she authorizes the foregoing petition.

(Signature of owner)

Subscribed and sworn before me this _____ day of _____, 20____,
In my office at _____, Louisiana.
(city, town)

(SIGNATURE OF NOTARY PUBLIC)

(SEAL)

