

P.O. Box 729

TEL. (318) 949-9401

FAX (318) 949-2609

## Office of the Mayor

## **APPLICATION FOR REZONING OF PROPERTY**

|                        | NAME:  | FIIONL.                                 |
|------------------------|--|---|
| SICAL ADE              | DRESS:   |   |
| ILING ADD              | RESS:  |   |
| 1. LOCA                | TION & LEGAL DESCRIPTION OF PROPERTY:  |   |
| A. A.                  | SSESSMENT/MUNICIPAL NUMBER:  |   |
| B. LE                  | EGAL DESCRIPTION: SEE ATTACHMENT (   | )                                       |
| _                      |  |   |
| _                      |  |   |
|                        |  |   |
| _                      |  |   |
|                        | COVENANTS OR RESTRICTIONS: YES ( ves, submit a certified copy with the applica   |   |
| ** If y                | ·  | ation.                                  |
| ** If y                | ves, submit a certified copy with the application of the second of the s | ation.                                  |
| ** If y                | ves, submit a certified copy with the application REQUESTED: PLANNING COMMISSION (Rezoning or Z  EXISTING ZONING:  BOARD OF APPEALS  ( ) SPECIAL EXCEPTION:  ( ) VARIANCE OF:  | oning Board Approval)                   |
| ** If y  3. ACTIC  ( ) | PERFORMENCE OF SECOND WITH THE APPLICATION REQUESTED: PLANNING COMMISSION (Rezoning or ZED)  EXISTING ZONING: BOARD OF APPEALS ( ) SPECIAL EXCEPTION: ( ) WARIANCE OF: ( ) WAIVER OF:  | oning Board Approval)  PROPOSED ZONING: |



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| 5. | EXISTING USE OF PROPERTY:       |                             |           |  |
|----|---------------------------------|-----------------------------|-----------|--|
| 6. | DEVELOPMENT SCHEDULE: BEGIN:    |                             | COMPLETE: |  |
| 7. | APPLICANT'S SIGNATURE:          |                             | DATE:     |  |
| 8. | PROPERTY OWNER:                 |                             |           |  |
|    | OWNER'S MAILING ADDRESS:        |                             |           |  |
|    | OWNER'S SIGNATURE:              | DATE:                       |           |  |
|    |                                 |                             |           |  |
|    |                                 |                             |           |  |
|    |                                 |                             |           |  |
|    | *                               | *** FOR OFFICE USE ONLY *** |           |  |
|    | PUBLIC HEARING WILL BE HELD AT: | HAUGHTON TOWN HALL          |           |  |
|    |                                 | 118 W. MCKINLEY AVE.        |           |  |
|    |                                 | HAUGHTON, LA 71037          |           |  |
|    | DATE:                           | TIME:                       |           |  |
|    |                                 |                             |           |  |