



PARISH OF ASCENSION
DEPARTMENT OF PLANNING AND DEVELOPMENT

42077 Churchpoint Rd
GONZALES, LA 70737
PHONE (225) 621-5700 FAX (225) 621-5705

REZONING

Zoning Review ID _____

Zoning Review Type _____ Fee _____

Subtype _____ Filing Date _____

Owner Information (Name, Address, Phone)

Subdivision Name _____

Zoning District From _____

Zoning District To _____

Hearing
Date/Time _____

Map Attached Y / N (Circle One)

Location Description

Purpose

The verified petition of the owner for a change or amendment to the zoning map shall include the legal description of the property involved prepared by a Louisianan registered land surveyor and accompanied by a map of the property at a scale of one inch equals 200 feet, or such other scale as may be required by the Planning Director.

BEFORE ME, the undersigned authority, personally appeared the persons whose signatures are affixed above; all of full age and majority, who declared to me that they are the owners or duly authorized representatives of all that certain lot, piece, or parcel of land located as set forth in this application, that there signatures were executed freely and voluntarily and that they are duly qualified to sign.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20 _____

Owner Signature _____ Signature Date _____

Ascension Parish

Office of the Zoning Commission ADJACENT PROPERTY OWNERS FORM

Meeting Date _____
Office Use Only

NOTE: THIS FORM MUST ACCOMPANY EACH REZONING OR VARIANCE REQUEST SUBMITTED FOR PUBLIC HEARINGS.

PROPERTY NAME: _____

LOCATION: _____

NAME AND ADDRESS OF APPLICANT(S): _____

NAME AND ADDRESS OF PROPERTY OWNER: _____
(If different from applicant)

PLEASE NOTE: CERTIFIED LETTERS WILL BE MAILED TO THE ABOVE AND THE FOLLOWING ADJACENT PROPERTY OWNERS:

(Date Mailed- Staff Use)

| Name of Property Owner | Complete Mailing Address (Please Include Zip Code) | Legal Address of Property (Include Lot # Tract # Etc.) | Comments: (Staff Use) |
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