



**PLANNING & ZONING COMMISSION  
APPLICATION FOR ZONING AMENDMENT  
Thibodaux, Louisiana**

Application No. \_\_\_\_\_

The undersigned, owner(s) of the following legally described property, hereby request the consideration of change in zoning district classification as specified below:

1. Name of Applicant: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Locational Description: Subdivision Name: \_\_\_\_\_

Block No.: \_\_\_\_\_ Lot No.: \_\_\_\_\_ (If not in a platted subdivision, attached a legal description.)

Building Address: \_\_\_\_\_

4. Existing Use: \_\_\_\_\_

5. Present Zoning District: \_\_\_\_\_

6. Proposed Use: \_\_\_\_\_

7. Proposed Zoning District: \_\_\_\_\_

8. Supporting Information - attach the following items to the application:

- a. Vicinity map showing property lines, streets and existing and proposed zoning.
- b. A statement of general compatibility of re-zoning with adjacent and other property in the district.
- c. The proposed amendment to the zoning map or text in ordinance (resolution) form, approved as to form by the City Attorney.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

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**(For Official Use Only)**  
**City of Thibodaux, Louisiana Planning and Zoning Commission**

Date Filed: \_\_\_\_\_

Date of Notice in Newspaper: \_\_\_\_\_

Date of Notice to Adjacent Property Owner: \_\_\_\_\_