



APPLICATION FOR SPECIAL EXCEPTION
Planning & Zoning Commission
Thibodaux, Louisiana

Phone: (985) 446-7208

Application No.: _____

The undersigned requests a special exception for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safeguards required by the Commission. **If this use is discontinued for a period of more than six (6) months, this permit shall automatically expire.**

1. **Name of Applicant:** _____

Mailing Address: _____

Phone Number: Home: _____ Business: _____ Cell: _____

2. **Locational Description: Subdivision Name:** _____

Building Address: _____

Block No.: _____ **Lot No.:** _____

(If not in a platted subdivision attach a legal description)

3. **Existing Use:** _____

4. **Zoning District:** _____

5. **Gross Floor Area (GFA) of Business:** _____

6. **Number of Off-Street Parking Spots Available:** _____

7. **Number of Off-Street Parking Spots required by City Ordinance (Section 704):** _____

8. **Description of Special Exception:** _____

9. **Supporting Information:** Attach a plan for the proposed use (in triplicate) showing ingress and egress to property structures, off-street parking and loading areas, refuse and service areas, utilities, screening and buffering, signs, required yards and other open space. Also attach a narrative statement relative to the above requirements and also explain the economic, noise, glare or odor effects of the special exception on adjoining properties and the general compatibility with adjacent and other properties in the district.

Date: _____

Applicant: _____

(For Official Use Only)

Date Filed: _____

Date of Notice to Parties in Interest: _____

Date of Notice to Newspapers: _____

Date of Public Hearing: _____

Fee Paid: \$_____

Decision of Planning & Zoning Commission: Approved _____ Denied _____

If approved the following conditions and safeguards were prescribed:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If denied, reason for denial:

Date: _____ Planning & Zoning Commission Chairman: _____

Note: One (1) copy to be filed with the Zoning Administrator and two (2) with the Planning & Zoning Commission.