

PLANNING & ZONING COMMISSION APPLICATION FOR ZONING AMENDMENT

P.O. Box 5418 Thibodaux, Louisiana 70302

	Application No
	dersigned, owner(s) of the following legally described property, hereby request the consideration of 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, attach 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:
	 Vicinity map showing property lines, streets and existing and proposed zoning. A list of all property owners and their mailing addresses within, contiguous to and directly across the street from the proposed re-zoning.
	c. A statement of general compatibility of re-zoning with adjacent and other property in the district.
	d. Site map with measurements of property to be re-zoned (legal description if available).
Date	
	Applicant's Signature
	(For Official Use Only) City of Thibodaux, Louisiana Planning and Zoning Commission
Date F	ed:
Date o	Notice in Newspaper:

Date of Notice to Adjacent Property Owner: