



6703 Sullivan Road, Central, LA 70739
P: 225.262.5000 ~ F: 225.262.5001

**A-15-A Application
Traditional Neighborhood Development: Preliminary Plan**

Application Fee _____
Receipt Number _____
Application taken by _____

Case Number _____
Meeting Date _____

Please Print or Type

1. Name of applicant _____ Daytime Telephone _____
E-Mail Address _____
Business (if applicable) _____
Address _____ City _____ State _____ Zip _____

2. Name of property owner _____ Daytime Telephone _____
Address _____ City _____ State _____ Zip _____

3. Legal description of property (Subdivision or Tract name) _____

Lot _____ Block / Square _____
Subdivision _____

If property is not subdivided, attach a complete legal description from the East Baton Rouge Parish Tax Assessor and a survey map indication bearings and dimensions.

Location _____
Identify the subject property on an appropriate vicinity map as an attachment to this application.

4. Specific proposed used as described in proposed development narrative.

5. Size of property _____

6. Action requested Rezoning

 To rezone from _____ to _____

 Acres _____
If request is for alcoholic beverage usage, see item 6 on the instruction sheet.

7. TABLE OF USES

	Low Density Residential	Medium Density Residential	High Density Residential	Commercial/ Office	Public and Semi-Public	Industrial	Open Space
Total # of Units				N/A	N/A	N/A	N/A
Total Square Feet of Buildings	N/A	N/A	N/A				N/A
Total Acreage							
Percentage of Site							

8. FAULT LINE

Describe all fault lines or other geologic hazards that affect this property and identify these features on the proposed plan. (Use additional sheets if necessary)

9. Traffic Impact Conceptual Submitted Not Submitted (If not submitted please explain)

10. Stormwater Management Plan Conceptual (SMP)

A. Drainage Impact Study Submitted Not Submitted (If not submitted please explain)

B. Water Quality Impact Study Submitted Not Submitted (If not submitted please explain)

11. ACKNOWLEDGEMENT

In filing this application, I understand that it becomes a part of the public record of the City of Central/Parish of East Baton Rouge and hereby certify that all information contained herein is accurate to the best of my knowledge. **Also, I understand that the application fee is nonrefundable. (Applications must be received by noon on the scheduled Application Deadline.)**

Application must be signed by both applicant and property owner if different. Letter of authorization must be submitted in absence of the property owner's signature or where an authorized agent signs in lieu of either property owner or applicant.

Signature of Applicant Type or Print Name of Applicant Date

Signature of Property Owner Type or Print Name of Property Owner Date

Staff Use Only

- A. Land Use Classification (s) _____
- B. Zoning Classification (s) _____
- C. Existing Land Use (s) _____
- D. Surrounding Land Use (s) _____
- E. Surrounding Land Use Classification (s) _____
- F. Surrounding Zoning Classification (s) _____
- G. Proposed Land Use _____
- H. Master Plan Consistent Not Consistent
- I. Density Zone Core Middle Rural
- J. Traffic Impact Statement No Yes If "No" explain _____

- K. Stormwater Management Plan (SMP)
Drainage Impact Study (DIS) No Yes If "No" explain _____

- Water Quality Impact Study (WQIS) No Yes If "No" explain _____

- L. Waiver (s) Requested No Yes
- M. Complete Check List No Yes
- N. Comments _____

- O. Environmental Land Use Controls on property?
 No
 Yes – Send ELUCs notification letter to land owner and copy to applicant (if applicant is not land owner)
- P. Is subject property within Zone of Influence (Baker, Zachary, Baton Rouge, BRCC) if so contact as needed.
 No
 Yes - date correspondence sent _____.
- Q. Is Subject property located on **Green Light Plan** if so, contact as needed.
 No
 Yes - date correspondence sent _____.
- R. _____
Planning Director or authorized signature Date

**Instructions for Application A-15-A
Planned Unit Development**

<i>Number</i>	<i>Item</i>	<i>Explanation</i>
1.	Name of Applicant	Your name, a person's name, the name of the person who will sign as applicant in item 8 (i.e. John Doe, Mary Jones).
	Daytime Telephone	Telephone number where you may be reached Monday through Friday between 8:00 a.m. and 5:00 p.m.
	Business (if applicable)	If you are submitting this application as a representative of a business, put the name of the business here. If you are not submitting this application as a representative of a business, leave blank.
	Address/City/State/Zip	Your current mailing address.
2.	Name of property owner	The name of the person who currently owns the property described in item number 2. If the property is owned in the name of a business authorized to act as property owner. The name of the person who will sign as property owner in item number 9. (i.e. John Doe, Mary Jones).
	Daytime Telephone	Telephone number where the property owner may be reached Monday thru Friday between 8:00 a.m. and 5:00p.m.
	Address/City/State/Zip	Property owner's current mailing address.
3.	Legal description of property	Lot, block, square, subdivision, tract name and/or tax parcel number as listed in the current tax roll of the property. Location must be shown on a lot and block map attached to the application.
4.	Specific proposed use	Indicate the specific proposed land use of the property or structure(s) as described in the development narrative (i.e.) single-family residential, shopping center, etc.)
5.	Size of property	Provide the acreage for the site as shown on the plan. If the project is in phases indicate the acreage for each phase.
6.	Action requested	Indicate by checking the appropriate box, whether the requested action will be rezoning. Prior to applying for Alcoholic Beverage usage, applicants must file a "Notice of Intent" with the City-Parish Office

of Alcoholic Beverages Control (389-3364). The Office of the Planning Commission will receive a notification from the Office of ABC when a compliance determination has been rezoned.

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| | Rezoning | Indicate the zoning classifications; "from" is the present classifications to new classification. Also indicate the number of acres to be rezoned. |
| 7. | Table of Uses | Indicate the number or units, square footage of buildings, acreage, and percentage of the site for each of the land uses (low, medium and high residential; commercial office; public and semi-public; industrial; and open space) |
| 8. | Fault Line Identification | Describe all fault lines or other geologic hazards that affect this property and identify these features on the proposed plan. |
| 9. | Traffic Impact Statement | Indicate whether the Department of Public Works has been contacted about a TIS. |
| 10. | Stormwater Management Plan (SMP) | |
| | a. Drainage Impact Study (DIS) | Indicate whether a conceptual DIS has been submitted or not submitted with the TND package. |
| | b. Water Quality Impact Study (WQIS) | Indicate whether a conceptual WQIS has been submitted or not submitted with the TND package. |
| 11. | Acknowledgment | The applicant shall sign and date the application. The owner(s) shall sign and date the application if the owner is different from the applicant. Letter of authorization must be submitted in absence of the property owner's signature or where an authorized agent signs in lieu of either property owner or applicant. |