



6703 Sullivan Road, Central, LA 70739
 P: 225.262-5000 ~ F: 225.262.5001

A-6 Application Parking Waiver

Application Fee _____
 Receipt Number _____
 Application taken by _____

File 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 _____

4. Property street address _____

5. Specific proposed use _____

6. Describe Parking Waiver – Indicate formula used to calculate parking spaces for standard (Std.) and Handicap (HC).

| Use Bldg./Phase | Parking Required Ratio | Existing | | Proposed | | Total | |
|--------------------|---------------------------|----------|-------|----------|-------|-------|-------|
| | | Std | HC | Std | HC | Std | HC |
| a. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

7. Justification for action requested

8. Provide a sketch of the subject property indicating building (s), parking area (s), street (s), entrance (s) and exit (s).

9. 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. Sketch of property Yes No

I.

J. Traffic Engineer recommendation

K. Comments

L. Is Subject property located on **Green Light Plan** if so, contact as needed.

No

Yes - *date correspondence sent* _____.

M. _____

Planning Director or Authorized signature

Date

**Instructions for Application A-6
Parking Waiver**

| <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 10 (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 the property owner | The name of the person who currently owns the property described in item number 3. If the property is owned in the name of a business, the name of person employed by the business authorized to act as property owner. The name of the person who will sign as property owner in item number 10. (i.e. John Doe, Mary Jones). |
| | Daytime Telephone | Telephone number where the property owner may be reached Monday through Friday between 8:00 a.m. and 5:00 p.m. |
| | Address/City/State/Zip | Property owner's current mailing address. |
| 3. | Legal description of property | Lot, block, square, subdivision, and 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. | Property Street Address | Indicate the municipal address of the property. (i.e. municipal number and street name) |
| 5. | Specific proposed use | Indicate the specific land use proposed for this property. |
| 6. | Waiver (s) | Describe the parking reduction waiver. Indicate the formula used to calculate parking spaces for standard and handicap for the project site. Indicate the number of |

existing, required, proposed, etc. spaces for each phase of the development as required by the Unified Development Code.

7. Justification for Action Request State the reason for requesting the requested parking waiver.
8. Sketch of property Provide a sketch of subject property indicating building(s), driveway(s), parking area(s), street(s), entrance(s) and exit(s). Please attach sketch to application form
9. Acknowledgement The applicant shall sign and date the application. The owner 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.