



West Baton Rouge Parish Special Use Application

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

2. **Name of the Property Owner** _____ Daytime Telephone _____
 E-Mail Address _____ Business
 (if applicable) _____
 Address _____ City _____ State _____ Zip _____

3. **Legal description of property** (Lot, Square, Subdivision or Tract name) _____

If permit is not for an entire parcel, attach a complete legal description from West Baton Rouge Parish Tax Assessor and a survey map indicating bearings and dimensions.

4. **Property Address/ Location:** _____
Identify the subject property on the West Baton Rouge Parish Tax Assessor webpage as an attachment to this application.

5. **Property Size** (Acres or square feet for permit): _____

6. **Existing Zoning:** _____ **Requested Special Use:** _____

7. **Existing Use:** _____ **Proposed Use:** _____

8. If a business, **name** under which business operates: _____

9. Detailed Description of Business Operation:

10. Approximately what **distance is the nearest residential district/zone?** _____

11. What are your **planned hours of operation?** _____

12. How many marked **parking spaces**, on premises, are available for your customers? _____

13. Do you require outside storage? _____ If So explain: _____

14. Do you have a preliminary site plan which includes the following items? *Buildings, structures, parking, lighting, outside storage, buffers, fencing.* If so, please submit with this application.

Owner(s) of the legally described property hereby request the consideration of the accessory or special use as specified. I/We fully understand and agree to abide by the restrictions as stated in the Parish of West Baton Rouge Zoning Ordinance. I affirm that the information given in this Special Use Permit application is true and correct.

 Print Signature of Applicant Date

 Print Signature of Owner of Record Date

FOR OFFICIAL USE ONLY

Parish of West Baton Rouge- Planning and Zoning Commission

Application Received Date: _____ SUP Number: _____

Introduction date: _____ Commission Hearing Date: _____ Council Hearing Date: _____

Date(s) of Notice in Advocate: _____ Sign Posting Date: _____

Date of Notice to Adjacent Property Owner(s) _____

P /Z Action: _____ Council Action: _____

Advocate Fee: _____ Postal Fee: _____ Form of Payment: _____ Received by/date: _____