NOTE: OWNER/REP. MUST ATTEND PLANNING & ZONING COMMISSION MEETING!

CITY OF DENHAM SPRINGS, PLANNING & DEVELOPMENT 225 667-8326 buildings@cityofdenhamsprings.com

PETITION FOR ZONING VARIANCE

MEETING DATE	TIME	_ DATE OF PETITION		
I. PETITIONERS (Type or Prin	t)			
NAME		ADDRESS		

The above listed land owners of record hereby petition the Zoning Commission and City Council of the City of Denham Springs for a variance in the Zoning Ordinance. **The requested amendment is:**

(\checkmark) (A) Change in Zoning Text _____ (B) Change in Zoning Classification of Land _____

The above listed persons are owners of record of more than fifty percent (50%) of the land area for which a change in zoning classification is requested.

	Signature	Date
	Signature	Date
	Signature	Date
	Signature	Date
н.	DESCRIPTION OF ZONING VARIANCE REQUESTED:	
From _	То	

III. MAPS AND LEGAL DESCRIPTION OF AREA REQUESTED TO BE REZONED:

If requested change involves a change in zoning classification, maps identifying boundaries of land area and a legal description of the property requested to be rezoned must be submitted along with application.

Attach three (3) copies of map, prepared to scale and signed by a licensed engineer or licensed land surveyor showing streets, roads, lot lines and identifying the land owned by the petitioners for which a variance in zoning classification is requested. On map, show distance from each corner of property to be rezoned to nearest street and/or nearest building (identify building). Attach a legal description of the property to be rezoned.

IV. REASON FOR REQUESTING VARIANCE: (Describe the reason(s) for the request, providing any information considered necessary to support the request.)

v .	CONTACT PERSON FOR PETITIO	N:					
Name _	e Phone(s)						
Addres	s Street or Box No.	City	State	Zip			
VI. ACREAGE OF AREA FOR WHICH VARIANCE IS REQUESTED: (If map change)							
The ac	reage of the parcel(s) of land / tract(s) proposed for reclassific	ation is () acres.			