



# Town of Walker

## Office of Planning and Zoning Administration

P.O. Box 217, Walker, LA, 70785

(225)665-8893, (225)664-0140 fax

### PLANNING AND ZONING APPLICATION

APPLICATION # _____
ALTERNATE APPLICATION # _____

OWNER _____	PHONE # _____
MAILING ADDRESS _____	CELL # _____

APPLICANT _____	PHONE # _____
MAILING ADDRESS _____	CELL # _____
INTEREST IN THE PROPERTY _____	

<b>PROPERTY INFORMATION</b>	
ADDRESS _____	
SUBDIVISION _____	LOT # _____ BLOCK # _____
SECTION _____	TOWNSHIP _____ RANGE _____ PARCEL # _____ ACRES _____
ZONING CLASS _____	CORNER LOT _____ HISTORIC DISTRICT _____ # LOTS _____
LEGAL DESCRIPTION (attach if provided)	<div style="border: 1px solid black; height: 60px;"></div>

ENGINEER / SURVEYOR _____
MAILING ADDRESS _____
LICENSE # _____ PHONE / CELL # _____

APPLICATION TYPE _____	VARIANCE / SPECIFIC USE _____	NON-CONFORMING _____	TRAILER PETITION / MANUFACTURED HOME _____
_____	ZONING / RE-ZONING _____	ANNEXATION _____	OTHER _____
_____	SUBDIVISION / RE-SUBDIVISION _____	HISTORIC DISTRICT _____	
REASON FOR APPLICATION	<div style="border: 1px solid black; height: 30px;"></div>		

EXISTING ZONING CLASSIFICATION _____
PROPOSED ZONING CLASSIFICATION _____

<b>EXISTING USE OF PROPERTY</b> Type _____ Residential _____ Commercial _____ Mixed _____ _____ Industrial _____ Non-Residential _____ Other _____ Category _____ Occupancy Type _____ Type of Frame _____	<b>PROPOSED USE OF PROPERTY</b> Type _____ Residential _____ Commercial _____ Mixed _____ _____ Industrial _____ Non-Residential _____ Other _____ Category _____ Occupancy Type _____ Type of Frame _____
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Distance to Nearest Neighbor _____	Dimensions of Manufactured Home _____
Job Start Date _____	

#### OFFICE USE ONLY

Is it a Re-Subdivision? _____
Variance / Specific Use Request _____
Nature of Variance / Specific Use _____
Variance / Specific Use Expires On _____
DOCUMENTATION RECEIVED _____
COMMENTS _____

Total Fees \$ _____	<b>APPLICANT/AUTHORIZED AGENT SIGNATURE</b>	
	I, the undersigned, do hereby declare, to the best of my knowledge, that all allegations and statements of fact are true and correct.	
	APPLICANT'S SIGNATURE _____	OWNER'S SIGNATURE _____
	PROCESSED BY _____	APPLICATION DATE _____