

Lionel Johnson, Jr.
Mayor



City Council:
Deborah Alexander
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Ronald Grace
Melvin Hasten, Sr.
Kelvin York, Sr.

Police Chief:
Kevin Ambeau, Sr.

CITY OF ST. GABRIEL

"A City of Pride, Progress & Possibilities"

APPLICATION FOR ADMINISTRATIVE APPROVAL

Submittal Request (Check): Lot Split/Lot Line Adjustment: Lot Combination:
(Check): Subdivision - Preliminary Plat Subdivision - Final Plat

Project Application Number (# assigned by city staff): _____

APPLICANT/AGENT INFORMATION

Name: _____
Company Name: _____
Phone Number: _____
Mailing Address: _____

City State Zip
Email: _____

PROPERTY OWNER INFORMATION

Name: _____
Company Name: _____
Phone Number: _____
Mailing Address: _____

City State Zip
Email: _____

PURCHASER/DEVELOPER INFORMATION

Name: _____
Phone Number: _____
Mailing Address: _____

City State Zip
Email: _____

PROFESSIONAL (Engineer, Surveyor, etc)

Name: _____
Phone Number: _____
Mailing Address: _____

City State Zip
Email: _____

CHECKLIST/APPLICANT ACKNOWLEDGEMENTS

- Application submittal checklist
- Property description checklist
- Conformance Checklist
- Affidavit of ownership
- Agent authorization
- Statement of Understanding
- Applicant certification of application documents

SUBMITTAL VERIFICATION

RECEIVED BY	OFFICIALLY SUBMITTED BY
Date _____ Received by (Initials): _____	Date _____ Received by (Initials): _____

APPLICATION SUBMITTAL CHECKLIST

A. Administrative Review Qualification Checklist

1. Involves realignment, or shifting of lot lines including removal, addition, alignments or shifting of interior lot lines or redesignation of lot numbers YES, _____ NO _____
2. Involves less than 2 acres or 10 lots maximum YES, _____ NO _____
3. Does not involve creation of a new street or other public improvements. YES, _____ NO _____
4. Meets minimum lot sizes. YES, _____ NO _____
5. Meets all requirements of subdivision and zoning ordinances. YES, _____ NO _____

Note: If you answered NO, to any of the above, your project does not qualify for administrative review.

B. General Requirements Checklist

1. Verification of payment of all applicable fees YES, _____ NO _____
2. Completed Application for Administrative Approval YES, _____ NO _____
3. Copy of the recorded deed for the property(Proof of ownership) YES, _____ NO _____
4. Affidavit of ownership submitted/ Agent authorization YES, _____ NO _____
5. Signed "Statements of Understanding" from the owner(s) and applicant YES, _____ NO _____
6. Applicant certification of application documents YES, _____ NO _____
7. 5 copies (5) of site plan (ONLY ON 1ST SUBMISSION) YES, _____ NO _____
8. 5 copies of Record of Survey YES, _____ NO _____
9. 5 copies (5) 24"x 36" sets of plans (ONLY ON 1ST SUBMISSION) YES, _____ NO _____
10. Electronic PDF Copies of all application documents and plans YES, _____ NO _____

C. Zoning Requirements Checklist

- b. Conformance checklist YES, _____ NO _____
- c. Preliminary plat checklist (for preliminary plat applications only) YES, _____ NO _____
- d. Final plat checklist (for final plat applications only) YES, _____ NO _____

PROPERTY DESCRIPTION CHECKLIST (TO BE COMPLETED BY SURVEYOR)

1. Name of development (if applicable) _____
2. Details of the Request for Administrative Approval

3. Legal description of existing parcel(s) _____

4. Legal description of proposed parcel(s) _____

5. Describe Existing Development on Proposed Site: _____

6. Describe Proposed Uses on Proposed Site: _____

7. Site Address (Street + Zip Code) _____

8. Number of parcels or lots affected _____

9. Lot or Parcel ID. _____ Lot or Parcel ID. _____ Lot or Parcel ID. _____

10. Existing Use _____ Proposed Use _____ Existing Zoning District _____ Site Acreage _____

11. Describe how this proposal is in accordance with the general and specific goals and policies of the St. Gabriel Comprehensive Zoning Ordinance and Subdivision Regulations.

12. Describe how the proposed development will be designed, constructed, operated, and maintained so as to be harmonious and appropriate in appearance with the existing and intended character of the area.

13. Describe any activities related to this proposal that may be hazardous or disturbing to existing or future neighboring use

CONFORMANCE CHECKLIST

1. YES, _____ NO _____ The Location, Dimensions And Recordation Numbers Of All EXISTING Drainage Easements, Utility Easements, Private Access Easements and other applicable Easements.

2. YES, _____ NO _____ Adequate Legal And Physical Access To All PROPOSED Lots, Parcels And Tracts Is Assured.

3. YES, _____ NO _____ All EXISTING Structures And Uses Are IN CONFORMANCE With The City Zoning Ordinance.

4. YES, _____ NO _____ All PROPOSED Lots, Tracts Or Parcels Shall Be IN CONFORMANCE With The Lot, Street, Block, Alley, Easement, And Engineering Requirements Of The City Subdivision Ordinance

5. YES, _____ NO _____ All PROPOSED Lots, Tracts Or Parcels Shall Be IN CONFORMANCE With The Lot Area, Lot Width And Lot Setbacks Of The City Zoning Ordinance

6. YES, _____ NO _____ All PROPOSED Lots, Tracts Or Parcels not in a 100-year Flood Plain

7. YES, _____ NO _____ All PROPOSED Lots, Tracts Or Parcels Shall Be IN CONFORMANCE With Iberville Paris drainage requirements.

SURVEYOR COMPANY NAME (PRINT) _____ SURVEYOR NAME (First, Last) _____

SIGNATURE _____ Surveyor License No. _____

AFFIDAVIT OF OWNERSHIP (To be completed by Applicant/Developer)

To be completed by owner:

I, _____, HEREBY DECLARE THAT I AM THE SOLE OWNER,
(Please Print)

OR HAVE LEGAL POWER OF ATTORNEY, IN WHICH CASE SAID POWER OF ATTORNEY OR A CERTIFIED COPY OF THEREOF IS ATTACHED HERETO, TO REQUEST THE SUBDIVISION APPROVAL ON THE SUBJECT PROPERTY, AND I UNDERSTAND THAT THE MISREPRESENTATION OF SUCH OWNERSHIP AND/OR AUTHORITY, EITHER BEFORE OR AFTER FINAL PLAT APPROVAL, MAY CAUSE THE DENIAL OR VACATION OF SAID SUBDIVISION.

AGENT AUTHORIZATION

If you are authorizing an agent to apply for permits on your behalf you must complete this form, which will provide authorization for a designated agent to apply for permits on your behalf. This form is required for the protection of the property owner. Public Services will not accept an application that is not either signed by all property owners or accompanied by this form.

I/we, _____, the owner(s) of the subject property, understand that by completing this form I hereby authorize _____ to act as my agent. I understand that said agent will be authorized to submit applications on my behalf. I also understand that once an application has been submitted that all future correspondence will be directed to the agent.

Property Owner(s) Signature _____
Date

Property Owner(s) Printed Name _____
Date

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me, and said person(s) acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Date _____

Notary Signature: _____

Printed Name: _____

Notary Public in and for the State of Louisiana _____

Residing at: _____

My appointment expires: _____/_____/_____

STATEMENTS OF UNDERSTANDING

I, as owner/co-owner of the property subject to this application, do hereby certify that I have read and understood the requirements of this submission of Administrative Approval as provided under the St. Gabriel Code of Ordinances, and further, that this submittal is in compliance with the requirements and applicable provisions of the Zoning Ordinance for the zoning districts in which this project is located.

Printed Name: _____

Date _____

Signature of Owner/Co-Owner: _____

I, as applicant or agent for the owner(s) of the property subject to this application, do hereby certify that I have submitted this application for subdivision plans for review and approval as provided under the Subdivision Ordinance, Chapter 46 of the St. Gabriel Codes and further, that this submittal is in compliance with the requirements and applicable provisions of the Zoning Ordinance for the zoning districts in which this subdivision is located.

Printed Name: _____

Date _____

Signature of Applicant/Agent: _____

APPLICANT CERTIFICATION OF APPLICATION DOCUMENTS

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I UNDERSTAND MY RIGHTS UNDER THE APPEAL PROCESS.

Applicant's Name: _____

(Please Print)

Applicant's Signature: _____ Date: _____

OFFICIAL USE ONLY

DIRECTOR OF PUBLIC SERVICES APPROVAL

APPROVED

DISAPPROVED

SIGNATURE _____ DATE _____

CONDITIONS _____

CONDITIONS _____

COMMENTS: _____

MAYOR'S APPROVAL

APPROVED

DISAPPROVED

SIGNATURE _____ DATE _____

CONDITIONS _____

CONDITIONS _____

COMMENTS: _____