

Lionel Johnson, Jr.  
Mayor



City Council:  
Deborah Alexander  
Freddie "Carl" Frazier, Sr.  
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 SUBDIVISION OR RESUBDIVISION**

Date of Application: \_\_\_\_\_ Date of Proposed Planning & Zoning Meeting \_\_\_\_\_

**APPLICANT 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: \_\_\_\_\_

**PROPERTY INFORMATION**

Name of Proposed Development \_\_\_\_\_

Street Address (Street + Zip Code) \_\_\_\_\_

Lot or Parcel No. \_\_\_\_\_ Flood Zone \_\_\_\_\_

Legal Description. \_\_\_\_\_

Existing Zoning District \_\_\_\_\_ Request for Rezoning Yes or No (If yes specify proposed zoning) \_\_\_\_\_

Request for Variances? Yes/No (if yes specify) \_\_\_\_\_

Use Description:  Residential  Commercial  Industrial

Total Site Acreage \_\_\_\_\_ Number of Lots \_\_\_\_\_ Number of Phases for Phased Developments \_\_\_\_\_

First Filing # \_\_\_\_\_  Second Filing # \_\_\_\_\_  Third Filing # \_\_\_\_\_

**APPLICANT CHECKLIST**

- Preliminary Plat Checklist Submitted
- Affidavit Ownership Completed
- DHH Approval
- DEQ Approval
- Landscape Plans Submitted
- Subdivision Review Fees Paid (Payable by cash, check or money order)
- Parish Approval
- Fire Chief Approval
- DOTD Approval
- Site Plan Review Documents Submitted

**AFFIDAVIT OF OWNERSHIP**

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.

I HEREBY AUTHORIZE \_\_\_\_\_ TO ACT IN MY CAPACITY AS MY  
(Please Print)  
AGENT FOR THE REPRESENTATION AND/OR PRESENTATION OF THIS REQUEST AND I UNDERSTAND THAT IT IS NECESSARY FOR ME OR MY AUTHORIZED AGENT TO BE PRESENT AT THE HEARING EXAMINER MEETING AND/OR THE PLANNING COMMISSION MEETING.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Applicant/Developer:

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: \_\_\_\_\_