



City 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 _____

PROPERTY INFORMATION
ADDRESS _____
SUBDIVISION _____ **LOT #** _____ **BLOCK #** _____
SECTION _____ **TOWNSHIP** _____ **RANGE** _____ **PARCEL #** _____ **ACRES** _____
ZONING CLASS _____ **CORNER LOT** _____ **HISTORIC DISTRICT** _____ **# LOTS** _____
LEGAL DESCRIPTION (attach if provided) _____

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 _____

EXISTING ZONING CLASSIFICATION _____
PROPOSED ZONING CLASSIFICATION _____

EXISTING USE OF PROPERTY	PROPOSED USE OF PROPERTY
Type _____ Residential _____ Commercial _____ Mixed _____ _____ Industrial _____ Non-Residential _____ Other _____	Type _____ Residential _____ Commercial _____ Mixed _____ _____ Industrial _____ Non-Residential _____ Other _____
Category _____	Category _____
Occupancy Type _____	Occupancy Type _____
Type of Frame _____	Type of Frame _____

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 \$ _____	APPLICANT/AUTHORIZED AGENT SIGNATURE	
	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 _____