

APPLICATION FOR REZONING

Owner's Name: _____

Mailing Address: _____ **City:** _____ **State:** _____

Phone: Daytime: _____ **Cell:** _____ **Fax:** _____

Email: _____

Applicant (if different from Owner) or Owner's Authorized Representative or Agent

Name: _____

Mailing Address: _____ **City:** _____ **State:** _____

Phone: Daytime: _____ **Cell:** _____ **Fax:** _____

Email: _____

Location of Subject Property: _____

Present Zoning: _____ **Requested Zoning:** _____

Area of Property (acreage or square footing): _____

Reason for Zoning Request and Proposed Utilization of Property if Rezoned:

Accepted: Department of Permitting, Planning and Zoning:

Date: _____ **Signature:** _____

AFFIDAVIT OF OWNERSHIP

Owner (s) hereby certifies that he/she is the owner of the subject property. Owner (s) declare that the information and documentation contained in this application for rezoning is true and correct to the best of his/her knowledge and that the development shall comply with all applicable Iberia Parish Codes, Regulations, and Ordinances. Owner (s) understands that filling of this application does not in any manner insure its successful adoption; owner (s) understands the filing of this application is at his/her risk. Owner (s) also authorizes any/all employees of Iberia Parish Government to enter the property for inspection purposes.

When signed below by owner (s), any Agent designated below is authorized to speak for the owner (s) and to represent the owner (s) at Zoning Commission and Iberia Parish Council Meetings.

Owner (s): _____

Date: _____ **Witness:** _____

Applicant/Authorized Agent:

Date: _____ **Witness:** _____

Accepted: Department of Permitting, Planning and Zoning:

Date: _____ **Witness:** _____