# Commercial Plan Review Application

Street Address of Property: Name of Business: Building to be used for (list all purposes and uses of building and land):

Construction to be performed on building and/or property:

 New Construction Repair

 Renovation Relocation

 Remodeling Occupancy Change

Applicant: Name: Address: Phone #:

Property Owner: Name: Address: Phone #:

Contact person for inspection: (Monday through Friday 8am to 3pm)

Name: Phone #:

Signature of Applicant:

**For Administrative Use Only**

Building Occupancy Permitted Use Classification: Zoning District Permitted Use Classification: Zoning District Classification:

🞏 R-1 Single Family Residential 🞏 C-1 Neighborhood Commercial

🞏 R-2 Single Family Residential 🞏 C-1 A Expandable Limited commercial

🞏 R-3 Multi Family Residential 🞏 C-2 General commercial

🞏 I Industrial

🞏 Zoning Application APPROVED provided the applicant will abide by all state, parish, and city codes and ordinances and will obtain all necessary permits and licenses.

🞏 Zoning Application DENIED for the following reasons:

Signature of Zoning Administrator

# Commercial Plan Review Checklist Questionnaire

Date

## Location of Proposed Property:

* 1. Street Address of Property
	2. Lot Number and Description of Property (if needed)

## Drawing Requirements:

* 1. Construction to be performed on building and/or property.

 1. New Construction 4. Relocation

 2. Renovation 5. Occupancy Change

 3. Repair

* 1. If New Construction, is building or structure:
		1. Educational, Institutional, or Assembly occupancy.
		2. Three stories or more in height.
		3. 5000 square feet or more in area.
	2. Drawings to submit with zoning application:
		1. Site plan drawing(s) required: 🞏 Yes 🞏 No
			1. submit set(s) of drawings.
			2. drawings must be drawn to scale. 🞏 Yes 🞏 No
			3. blue prints must be drawn by an architect or engineer. 🞏 Yes 🞏 No
			4. hand drawings will be acceptable. 🞏 Yes 🞏 No
		2. Construction word drawing(s) required: 🞏 Yes 🞏 No
			1. submit set(s) of drawings.
			2. drawings must be drawn to scale. 🞏 Yes 🞏 No
			3. blue prints must be drawn by an architect or engineer. 🞏 Yes 🞏 No

## A pre-zoning walk through inspection of the site is required. 🞏 Yes 🞏 No

* + 1. A pre-zoning walk through inspection of the facility is required. 🞏 Yes 🞏 No
		2. Project site boundary locations need to be clearly marked. 🞏 Yes 🞏 No (staked, painted, fence line, etc.)

## Project location falls within the boundaries of:

* + - 1. Historic District 🞏 Yes 🞏 No
				* If Yes, the Historic District Commission Application for a Certificate of Appropriateness must be completed.
			2. Flood Hazard Area “A Zone” 🞏 Yes 🞏 No
				* If Yes, the Elevation Certification for “A Zone” Development section of the Development Permit Application must be completed.

## Special Instructions:

Signature of Zoning Administrator

# Commercial Plan Review Determination

(Meeting with Fire Chief)

### Immediate Past Use and Occupancy:

(Name of last business at this location)

### Date Building Was Last Occupied:

**Life Safety Occupancy Classification:**

**Plan Review Application must be submitted to the Office of State Fire Marshall.** 🞏 Yes 🞏 No

\*\* If yes, Building Permits will not be issued without State Plan Review approval.

Signature of Fire Chief or his Designee Date