



Rezoning Request Application

Date: _____

Name of Applicant: _____

Name of Owner: _____

(If Applicant and Owner are different, please attach letter granting legal right to act for Owner)

Municipal Address of Property to be Rezoned: _____

Commercial Use: _____ Residential Use: _____

Requested Rezoning: _____ Currently Zoned: _____

Contact Information:

- Mailing Address of Applicant
Mailing Address of Owner (if different):
Phone number of Applicant: Phone number of Owner:

Current Use of Property: _____

THE FOLLOWING MUST BE SUBMITTED WITH APPLICATION:
LEGAL DESCRIPTION of Subject Property:
PLAT INCLUDING VICINITY MAP- Showing dimensions, acreage and location of tract(s)
FEE- The applicant shall pay the City of DeRidder the sum of Two hundred and Fifty Dollars (\$250.00) per each Rezoning Request.

Note: Rezoning requests are introduced as an ordinance and follow the same advertising timeline as the introduction of an amendment/ addition to Chapter 15 Article VIII of the DeRidder Zoning Ordinance:
Step 1: Introduction of the Rezoning request as an Ordinance by a Council Member at a City Council Meeting.
Step 2: Advertisement of Rezoning Ordinance Introduction in the Official Journal.
Step 3: Three (3) advertisements in the Official Journal of City Council Public Hearing.
Note: From Submittal of the Rezoning request until approval will require a minimum of eight (8) weeks and may require as long as sixteen

In filing the application, I understand that it becomes part of the public record of the City of DeRidder and hereby certify that all the information contained herein is accurate to the best of my knowledge. Also, I understand applications must be received by 10:00 a.m. on the scheduled application deadline.

All applications must be signed by both applicant and property owner (if different). Letter of authorization must be submitted in absence of the owner's signature or where an authorized agent signs in lieu of either property owner or applicant.
(Providing false and/or misleading information may result in denial of rezoning applications.)

Signature of Applicant Date

Signature of Property Owner Date

For office use only:
Date Received: Received By: Receipt Number: Council District:
Action Taken by Commission: