

**Metropolitan** *Planning Commission*  
Shreveport | Caddo Parish

# **Caddo Parish Development Application**

MPC Development Application and Review Packet

## **Current Planning Department**

505 Travis Street, Suite 440  
Shreveport, LA 71101  
phone 318-673-6480

[www.shreveportcaddompc.com](http://www.shreveportcaddompc.com)



## CADDO PARISH DEVELOPMENT APPLICATION

The following application is required for all properties within the MPC's five-mile Caddo Parish Planning Limits. Prior to any development application being accepted by the MPC, a Pre-Application Meeting is required for all applicants.

**DO NOT WRITE IN THIS AREA-OFFICIAL USE ONLY**

Date: \_\_\_\_\_ Planner: \_\_\_\_\_ Case No: \_\_\_\_\_ Application Fee: \_\_\_\_\_

**PROPERTY INFORMATION:**

Project Name: \_\_\_\_\_ Associated Cases: \_\_\_\_\_

Project Address/Location: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_ Proposed Zoning District (if applicable): \_\_\_\_\_ Parcel Number(s): \_\_\_\_\_

**CASE TYPE**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Site Plan Approval           | <input type="checkbox"/> Extended Use Approval                    | <input type="checkbox"/> PUD Site Plan (Administrative)               |
| <input type="checkbox"/> Site Plan Modification       | <input type="checkbox"/> Preliminary Plat                         | <input type="checkbox"/> PUD Rezoning and Preliminary Site Plan       |
| <input type="checkbox"/> Site Plan Revision           | <input type="checkbox"/> Final Plat                               | <input type="checkbox"/> Public Right-of-Way Closure and Abandonment  |
| <input type="checkbox"/> Rezoning                     | <input type="checkbox"/> Re-Plat                                  | <input type="checkbox"/> Administrative Use Approval: Non-Residential |
| <input type="checkbox"/> Use Approval                 | <input type="checkbox"/> Administrative Revised Plat              | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Amend Ordinance Stipulations | <input type="checkbox"/> Administrative Use Approval: Residential |   |

**PARCEL DESCRIPTION:** *(existing platted subdivision name, block and lot designation; if un-platted, provide a detailed metes and bounds description)*

\_\_\_\_\_  
\_\_\_\_\_

**GENERAL LOCATION OF PROPERTY:** *(street address and/or frontage, and distance to cross street)*

\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED USE OF THE PROPERTY:**

- Single-Family Residential    Multi-Family Residential    Mixed-Use    Townhouse Residential    Duplex Residential    Commercial    Industrial

Provide a brief explanation, attach additional sheets, if necessary \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ZONING INFORMATION**

**BUILDING INFORMATION**

Current Zoning District(s):	Proposed Zoning District(s):	Proposed Building Use(s):
If more than one district, provide the acreage of each:		Existing Building(s) sq. ft. gross:
Overlay District (if applicable):		Proposed Building(s) sq. ft. gross:
Total Site Acres:		Total sq. ft. gross (existing & proposed):
Off-Street Parking Required:		Proposed height of building(s)
Off-Street Parking Provided:		Number of stories:                      Ceiling height of first floor:

**STORMWATER INFORMATION**

Existing Impervious Surface:	acres/square feet	Hazard Flood Area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Impervious Surface:	acres/square feet	Red River	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Wetlands	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Cross Lake Watershed	<input type="checkbox"/> Yes <input type="checkbox"/> No



# CADDO PARISH DEVELOPMENT APPLICATION

### IMPORTANT NOTE ABOUT PROJECT CONTACT

If property owner designates an agent as the coordinator for the project, this person (the applicant) shall attend all necessary meetings and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. **All contact for this project will be made through the applicant listed below.**

**NAME, ADDRESS, AND SIGNATURE OF ALL PROPERTY OWNERS: The property owner's notarized signature is mandatory.** ALL property owners must sign. All **property owners** must sign unless one person has the power of attorney to sign for others and that power of attorney is submitted with the application. A managing partner in a corporation may sign and submit written authorization. **If in business name or corporation, list all persons owning 6% or more. Attach separate sheet if necessary.**

#### APPLICANT CONTACT INFORMATION:

Check if Primary Contact

Name: \_\_\_\_\_ Company: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### ARCHITECT CONTACT INFORMATION:

Check if Primary Contact

Name: \_\_\_\_\_ Company: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### ENGINEER CONTACT INFORMATION:

Check if Primary Contact

Name: \_\_\_\_\_ Company: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### CURRENT PROPERTY OWNER CONTACT INFORMATION:

Check if Primary Contact

Name: \_\_\_\_\_ Company: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Designee Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### PROPERTY OWNER, CHECK ONE OF THE FOLLOWING:

\_\_\_\_ I will represent the application myself; OR \_\_\_\_ I hereby designate \_\_\_\_\_ (*name of project representative*) to act in the capacity as my agent for submittal, processing, representation, and/or presentation of this request. The designated agent shall be the principal contact person for responding to all requests for information and for resolving all issues of concern relative to this request.

#### ACKNOWLEDGEMENT:

I hereby certify that I am the owner of the property and further certify that the information regarding property ownership provided on this development application is true and correct.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_, COUNTY/PARISH OF \_\_\_\_\_:

BEFORE ME, a Notary Public, on this day personally appeared \_\_\_\_\_ (*printed property owner's name*) the above signed, who, under oath, stated the following: "I hereby certify that I am the property owner for the purposes of this application; that all information regarding property ownership herein is true and correct." **SUBSCRIBED AND SWORN TO** before me, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in the and for the State of \_\_\_\_\_