

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

# Unified Development Code Development Application

Caddo Parish UDC Development Application and Review Packet



**Land Development Department**  
505 Travis Street, Suite 440  
Shreveport, LA 71101 | phone 318-673-6480

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



## UDC DEVELOPMENT APPLICATION

The following application is required for all properties within the MPC's five-mile Caddo Parish Planning Limits. Members of the MPC's Land Development department are available to outline the development review process, verify submittal requirements and identify UDC requirements specific to all development requests.

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"/> Zoning Map Amendment (Rezoning)	<input type="checkbox"/> Planned Unit Development (PUD)	<input type="checkbox"/> Public Right-of-Way Closure and Abandonment	
<input type="checkbox"/> Special Use Permit	<input type="checkbox"/> Zoning Map Amendment and Preliminary Site Plan	<input type="checkbox"/> Site Plan Approval	
<input type="checkbox"/> Preliminary & Final Plat (5 or more lots)	<input type="checkbox"/> PUD Site Plan (Administrative)	<input type="checkbox"/> Site Plan Revision	
<input type="checkbox"/> Final Plat (Less than 5 lots)	<input type="checkbox"/> Small Planned Unit Development (SPUD)	<input type="checkbox"/> Site Plan Modification	
<input type="checkbox"/> Re-Plat	<input type="checkbox"/> Zoning Map Amendment and Site Plan	<input type="checkbox"/> Other: _____	
PARCEL DESCRIPTION: <i>(existing platted subdivision name, block and lot designation; if un-platted, provide a detailed metes and bounds description)</i>			
_____			
GENERAL LOCATION OF PROPERTY: <i>(street address and/or frontage, and distance to cross street)</i>			
_____			
PROPOSED USE OF THE PROPERTY:			
<input type="checkbox"/> Single-Family Residential	<input type="checkbox"/> Multi-Family Residential	<input type="checkbox"/> Mixed-Use	<input type="checkbox"/> Townhouse Residential
<input type="checkbox"/> Duplex Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> 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: _____	
Special Purpose 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): _____	Number of stories: _____
Off-Street Parking Provided: _____		Ceiling height of First Floor: _____	
DIMENSIONAL STANDARDS			
Lot Area (square footage): _____		Lot Coverage (Total Area in square feet): _____	
Lot Coverage Percentage of Total Lot Area: _____			
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
Cross Lake Watershed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wetlands	<input type="checkbox"/> Yes <input type="checkbox"/> No



### UDC 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 \_\_\_\_\_