

Metropolitan**Planning**Commission

City of Shreveport | Caddo Parish

Unified Development Code Development Application

UDC Development Application and Review Packet



CITY OF SHREVEPORT
UNIFIED DEVELOPMENT CODE

Land Development Department

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

www.shreveportcaddompc.com

UDC DEVELOPMENT APPLICATION

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: _____		
1. PROPERTY INFORMATION		
Project Name:	Associated Case:	
Project Address/Location:		
Current Zoning District:	Proposed Zoning District (if applicable):	Parcel Number(s):
2. CASE TYPE		
<input type="checkbox"/> Zoning Map Amendment (Rezoning)	<input type="checkbox"/> Planned Unit Development (PUD) Zoning Map Amendment and Preliminary Site Plan	<input type="checkbox"/> Public Right-of-Way Closure and Abandonment
<input type="checkbox"/> Special Use Permit	<input type="checkbox"/> PUD Site Plan (Administrative)	<input type="checkbox"/> Site Plan Approval
<input type="checkbox"/> Preliminary & Final Plat (7 or more lots)	<input type="checkbox"/> Small Planned Unit Development (SPUD) Zoning Map Amendment and Site Plan	<input type="checkbox"/> Site Plan Revision
<input type="checkbox"/> Final Plat (Less than 7 lots)		<input type="checkbox"/> Site Plan Modification
<input type="checkbox"/> Re-Plat		<input type="checkbox"/> Other: _____
3. PARCEL DESCRIPTION		
<i>(existing platted subdivision name, block and lot designation; if un-platted, provide a detailed metes and bounds description)</i>		
4. GENERAL LOCATION OF PROPERTY		
<i>(street address and/or frontage, and distance to cross street)</i>		
5. 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		



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6. ZONING INFORMATION		7. BUILDING INFORMATION	
<i>Current Zoning District(s):</i>	<i>Proposed Zoning District(s):</i>	<i>Proposed Building Use(s):</i>	
<i>If more than one district, provide the acreage of each:</i>		<i>Existing Building(s) sq. ft. gross:</i>	
<i>Special Purpose Overlay District (if applicable):</i>		<i>Proposed Building(s) sq. ft. gross:</i>	
<i>Total Site Acres:</i>	<i>Total sq. ft. gross (existing & proposed):</i>		
<i>Off-Street Parking Required:</i>	<i>Proposed height of building(s):</i>	<i>Number of stories:</i>	
<i>Off-Street Parking Provided:</i>	<i>Ceiling height of First Floor:</i>		
8. DIMENSIONAL STANDARDS			
<i>Lot Area (square footage):</i>		<i>Lot Coverage (Total Area in square feet):</i>	
<i>Lot Coverage Percentage of Total Lot Area:</i>			
9. STORMWATER INFORMATION			
<i>Existing Impervious Surface:</i>	<i>acres/square feet</i>	<i>Hazard Flood Area</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Proposed Impervious Surface:</i>	<i>acres/square feet</i>	<i>Red River</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Cross Lake Watershed</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Wetlands</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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10. CONTACT INFORMATION

IMPORTANT NOTE ABOUT PROJECT CONTACT	<p>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.</p> <p>NAME, ADDRESS, AND SIGNATURE OF ALL PROPERTY OWNERS: <u>ALL</u> 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. <u>If in business name or corporation, list all persons owning 6% or more. Attach separate sheet if necessary.</u></p>
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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**