EBR PLANNING

Date Received 10/22/19

Rezoning

City of Baton Rouge / Parish of East Baton Rouge
Office of the Planning Commission, 1100 Laurel Street, Suite 104
Baton Rouge, Louisiana 70802

Staff Use Only

Fee(s): $1,100.00
Case Number: _____
MPN Project Number: 51845

Application Taken by: EAO
Meeting Date: 12/16/19

Please Print or Type (all entities listed below will be copied on all comments)

1. Applicant Name and Title: Ted C Hicks, Member
   Email Address: chris@ncmc-llc.com Daytime Phone Number: 225-246-2522
   Business (if applicable): _____
   Address: 10159 Baringer Foreman Road City: Baton Rouge State: LA ZIP: 70809
2. Developer (if applicable): _____
   Email Address: _____
3. Name of Property Owner: CMC Holdings, LLC
   Email Address: chris@ncmc-llc.com Daytime Phone Number: 225-246-2522
   Business (if applicable): _____
   Address: 10159 Baringer Foreman Road City: Baton Rouge State: LA ZIP: 70809
4. Property Information:
   CPPC Lot ID#(s): D-1-E
   Lot #(s): _____ Block/Square: _____
   Subdivision or Tract Name: JL Mallet Property
   Area to be Rezoned:

   ■ Standard ☐ Single Metes and Bounds ☐ Multiple Metes and Bounds

5. Property Street Address: 14565 Barringer Court, Baton Rouge, LA 70809
6. Specific Proposed Use: DBAT Baseball/Softball Training Facility
7. Action Requested:
   ■ Rezoning To rezone from Rural to ~~Commercial~~ M1
   Acres: 4.964
8. Justification for action requested: Required to get permit although all adjacent buildings are com

tch Applicants Initials

9. Previous Applications:
   Has any application been submitted to the Planning Commission concerning any part of the subject property within the past two years?
   ☐ Yes ■ No
   If yes, provide the details and final result below

   _____

   _____

10. Acknowledgement:
    I acknowledge that private deed restrictions or covenants may exist on the subject property. I recognize that neither the Planning Commission nor its staff may consider such deed restrictions or covenants, if any, when determining approval or denial of an application, nor can the City or Parish enforce private deed restrictions or covenants. It is my responsibility as an Applicant to determine if any such deed restrictions and covenants exist on the subject property, and to be aware that violations of the same subject me and/or Property Owner to litigation from others.

    I understand that the application and advertising fees are to be made at the time the application is submitted and are nonrefundable. (Applications must be received by 10:00 a.m. on the scheduled Application Deadline)

    Application must be signed by both applicant and property owner if different. Letter of authorization must be submitted in absence of the property owner's signature or where an authorized agent signs in lieu of either property owner or applicant.

	Ted C Hicks	10/22/19
Signature of Applicant	Type or Print Name of Applicant	Date
	Ted C Hicks	10/22/19
Signature of Property Owner	Type or Print Name of Property Owner	Date

REZONING FEE SCHEDULE

Processing Fee is $500 plus $100 per acre or fraction thereof over one

ADVERTISING FEE

Standard Ad $200

Metes and Bounds Ad $300

Multiple Metes and Bounds Ad $850

Staff Use Only

A. Land Use Classification(s): _____
B. Zoning Classification(s): _____
C. Existing Land Use(s): _____
D. Surrounding Land Use(s): _____
E. Surrounding Land Use Classification(s): _____
F. Surrounding Zoning Classification(s): _____
G. Proposed Conditional Use: _____
H. Comprehensive Land Use Plan: ☐ Consistent – Subject property size (in acres): _____
☐ Not Consistent: Small Scale or Large Scale (over 5 acres)
I. Planning District/Sub Area: _____
J. Census Tract: _____
K. Lot and Block: _____
L. Council District: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12
M. Describe compatibility of proposed rezoning to future land use element objective and policies:

_____

_____

N. Identify other amendments necessary to preserve internal consistency with the Comprehensive Land Use Plan and elements: _____

_____

O. Comments: _____

_____

P. Is subject property within Zone of Influence (Zachary, Central, BREC, or Health District)? If so, contact as needed.
☐ No ☐ Yes – date correspondence sent: _____
Q. Is subject property located on **MoveBR**? If so, contact as needed.
☐ No ☐ Yes – date correspondence sent: _____

R. _____
Planning Director or Authorized Signature Date

RECEIPT (Office Copy)

City of Baton Rouge / Parish of East Baton Rouge
Office of Planning Commission, 1100 Laurel Street, Suite 104
P.O.Box 1471, Baton Rouge, Louisiana 70821

Receipt Number:	**3013266**	City/Parish	**- Select -**
Case No:	**51845**	Payment ID #	**3013266**
Receipt Date:	**10/22/2019**	Payment Type:	**Check**
Receipt Code:			

Standard Ad	**$200.00**
Rezoning (NOTE: Requires Ad/Public Notice Fee)	**$900.00**
Transaction Total:	**$1,100.00**

Customer

Ted C Hicks
10159 Barringer Foreman Road
Baton Rouge, LA 70809

Description of Transaction

Rezoning 14565 Baringer CourtCheck # 1021

Payment Information

CMC Holdings, LLC
10159 Barringer Foreman Road
Baton Rouge, LA 70809

Received By: EAO and _____

Esbii Ogholoh