



Date Received: April 9, 2020

## Site Plan

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): \$600

Application Taken by: \_\_\_\_\_

Case Number: SP-7-17

Meeting Date: May 18

MPN Project Number: 52129-SP

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

1. Type of application: ☐ New ☐ Revised (SP-\_\_\_\_-\_\_\_\_)
2. Applicant Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Business (if applicable): \_\_\_\_\_
3. Developer (if applicable): \_\_\_\_\_  
Email Address: \_\_\_\_\_
4. Name of Property Owner: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
5. Subject Property Information:  
CPPC Lot ID#(s): \_\_\_\_\_  
Lot #(s): \_\_\_\_\_ Block/Square: \_\_\_\_\_  
Subdivision or Tract Name: \_\_\_\_\_  
(If property is not subdivided, attach a complete legal description and survey map indicating bearings and dimensions.)  
Nearest Intersection: \_\_\_\_\_
6. Specific Proposed Use (type of development and general background): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Waiver(s) requested: ☐ No ☐ Yes  
If "Yes," specify the ordinance section and paragraph, and give justification for the requested waiver(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Access:

☐ Private Street    ☐ Public Street (City-Parish)    ☐ Public Street (State)

If street is State Road/Hwy approval is contingent upon LADOTD approval of access.

9. Stormwater Management Plan (SMP):

☐ Submitted    ☐ Not Submitted (If not submitted, explain) \_\_\_\_\_

10. Drainage Impact Study (DIS):

☐ Submitted    ☐ Not Submitted (If not submitted, explain) \_\_\_\_\_

11. Water Quality Impact Study (WQIS):

☐ Submitted    ☐ Not Submitted (If not submitted, explain) \_\_\_\_\_

12. Compliance with Development Review Committee and/or Departments of Development and Transportation and Drainage comments will be required prior to approval:

☐ Acknowledgment \_\_\_\_\_

13. Parking:

Indicate formula used to calculate parking spaces for standard (Std.) and handicap (HC).

Use Bldg./Phase	Parking Ratio	Required		Existing		Proposed		Total
		Std.	HC	Std.	HC	Std.	HC	
a. _____	_____	183	6	_____	6	_____	_____	_____
b. _____	_____	_____	_____	_____	_____	41	4	_____
c. _____	_____	_____	_____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____	_____	_____	_____

14. Building(s):

	Existing Square Feet	Proposed Square Feet	Total
Building _____	_____	_____	_____
Building _____	_____	_____	_____
Building _____	_____	_____	_____
Building _____	_____	_____	_____
Total _____	_____	_____	_____

15. Units per building(s):

	One Bedroom	Two Bedroom	Three Bedroom	Other	Total
Building _____	_____	_____	_____	_____	_____
Building _____	_____	_____	_____	_____	_____
Building _____	_____	_____	_____	_____	_____
Building _____	_____	_____	_____	_____	_____
Building _____	_____	_____	_____	_____	_____
Total _____	_____	_____	_____	_____	_____

16. Industrial or Manufacturing Process:

Describe any industrial or manufacturing process that will occur as a result of the proposed rezoning. Include a description of any waste or by-product associated with the activity or proposed means of disposal. \_\_\_\_\_

---



---

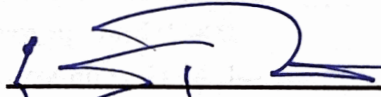
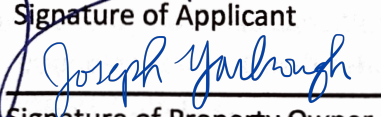
17. Acknowledgement:

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.

Public Hearing Items: I acknowledge that the Planning Commission makes the final decision on the approval or denial of this application. I also recognize I do not have a right to an approval, regardless of staff certification that the application meets ordinance requirements. A Public Hearing is required to be held and the Planning Commission will make the decision based upon all evidence presented at the meeting.

I understand that the application fee is nonrefundable. (Applications must be received by 10:00a.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.

	Wyatt Truscheit	3/26/2020
Signature of Applicant	Type or Print Name of Applicant	Date
	Joseph Yarbrough	4/8/2020
Signature of Property Owner	Type or Print Name of Property Owner	Date

**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 Land Use: \_\_\_\_\_

H. Comprehensive Plan:     ☐ Consistent             ☐ Not Consistent

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. DRC and/or Departments of Development and Transportation and Drainage Compliance:  
☐ No     ☐ Yes     If "No" explain: \_\_\_\_\_

N. Stormwater Management Plan (SMP):  
☐ No     ☐ Yes     If "No" explain: \_\_\_\_\_

O. Drainage Impact Study (DIS):  
☐ No     ☐ Yes     If "No" explain: \_\_\_\_\_

P. Water Quality Impact Study (WQIS):  
☐ No     ☐ Yes     If "No" explain: \_\_\_\_\_

Q. Complete Check List:     ☐ No             ☐ Yes

R. Comments: \_\_\_\_\_

T. Is subject property within Zone of Influence (Zachary, Central, BREC, or Health District)? If so, contact as needed.  
☐ No     ☐ Yes – date correspondence sent: \_\_\_\_\_

U. Is subject property located on **MoveBR**? If so, contact as needed.  
☐ No     ☐ Yes – date correspondence sent: \_\_\_\_\_

V. \_\_\_\_\_

Planning Director or Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_