



Village of Elizabeth

P.O. Box 457

Elizabeth, LA. 70638

Zoning Variance Application

If you should have any questions, please contact City Hall:

Donna McIntosh

Compliance officer

318-634-5100

AccntClerk@villageofelizabeth.com

APPLICANT

Name: _____

Mailing address _____

Phone _____

Email _____

OWNER (If Different)

Name _____

Mailing address _____

Phone _____

Email _____

Address of Property _____

Present Use of Property _____

Describe your request _____

I hereby certify that I am or have been authorized by the owner of the described property that I am petitioning for a variance in conformance with Ordinance 26, as amended. I understand that the payment of the application fee is nonrefundable and is to cover the costs associated with processing this application, and that it does not assure approval of the variance. I also understand that assigned hearing dates are tentative and may have to be postponed for administrative reasons.

Signature

Date

Variance Application Fee Schedule

Residential	\$150
Nonresidential	\$200