



APPLICATION FOR SPECIAL EXCEPTION
Planning & Zoning Commission
Thibodaux, Louisiana

Phone: (985) 446-7208

Fax: (985) 446-7272

Application No.: 5

The undersigned requests a special exception for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safeguards required by the Commission. If this use is discontinued for a period of more than six (6) months, this permit shall automatically expire.

1. Name of Applicant: ARCHIE CHAISSON III

Mailing Address: P.O. Box 5418, Thibodaux, LA 70302

Phone Number: Home: _____ Business: 985-446-7210 Cell: _____

2. Locational Description: Subdivision Name: 303 Hickory St.

Building Address: _____

Block No.: _____ Lot No.: _____

(If not in a platted subdivision attach a legal description)

3. Existing Use: BEHAVIORAL HEALTH SERVICES

4. Zoning District: C-1

5. Description of Special Exception: To allow this health service center in an R-3 zone with this special exception

6. Supporting Information: Attach a plan for the proposed use (in triplicate) showing ingress and egress to property structures, off-street parking and loading areas, refuse and service areas, utilities, screening and buffering, signs, required yards and other open space. Also attach a narrative statement relative to the above requirements and also explain the economic, noise, glare or odor effects of the special exception on adjoining properties and the general compatibility with adjacent and other properties in the district.

Date: 15 Jun '17

Applicant: *Archie Chaisson III*

(For Official Use Only)

Date Filed: _____

Date of Notice to Parties in Interest: _____

Date of Notice to Newspapers: _____

Date of Public Hearing: _____

Fee Paid: \$ _____

Decision of Planning & Zoning Commission: Approved _____ Denied _____

If approved the following conditions and safeguards were prescribed:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If denied, reason for denial: _____

Date: _____ Planning & Zoning Commission Chairman: _____

Note: One (1) copy to be filed with the Zoning Administrator and two (2) with the Planning & Zoning Commission.