



**APPLICATION FOR SPECIAL EXCEPTION**  
**Planning & Zoning Commission**  
**Thibodaux, Louisiana**

Phone: (985) 446-7208  
 Fax: (985) 446-7272

Application No.: 1 + 2  
2 + 3

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:** Jarmarritt Alexis

**Mailing Address:** 2108 Midland Drive, Thibodaux, LA 70301

Phone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: 381-4112

2. **Locational Description: Subdivision Name:** \_\_\_\_\_

**Building Address:** 1200 Tiger Drive

**Block No.:** \_\_\_\_\_ **Lot No.:** \_\_\_\_\_

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

3. **Existing Use:** Grocery Store & Restaurant

4. **Zoning District:** R-4

5. **Description of Special Exception:** To add "Propane Sales" as a special exception within R-4 Zoning Districts.

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:** April 11, 2017

**Applicant:** Jarmarritt Alexis  
 Jarmarritt Alexis

(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.