



MARK R. JOHNSON
Mayor

CITY OF COVINGTON
PLANNING AND ZONING OFFICE
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ANNEXATION APPLICATION REQUEST

Date _____

NAME _____

ADDRESS OF PROPERTY FOR ANNEXATION _____

CURRENT ZONING OF PROPERTY FOR ANNEXATION _____

CURRENT STATUS OF PROPERTY: *Check all that apply.*

_____ Regular Property Owner _____ Renter
_____ Non-Resident Property Owner _____ Registered Voter

NAMES OF ALL REGISTERED VOTERS IN YOUR HOUSEHOLD OF THE PROPERTY BEING ANNEXED

VOTING LOCATION (*School Name, Fire Station Number, etc.*) _____

GENERAL ZONING PREFERENCE

Please indicate the zoning classification(s) requested. For example: CN - Neighborhood Commercial District

PROPOSED LAND USE FOR ANNEXATION PROPERTY *Check all that apply.*

_____ Single-Family Residential _____ Commercial _____ Industrial
_____ Multi-Family Residential _____ Institutional _____ Planned District

I hereby petition to have the property owned and/or occupied by me to be annexed into the City of Covington and subsequently zoned.

Everyone eighteen (18) years old or older in your household in favor of annexation should sign this petition and print his/her name next to his/her signature.

(If a corporation owns the property sought to be annexed, attached a corporate resolution authorizing the person signing the petition for annexation and provide the name and address of the registered agent for service of process of the corporation.)