



**CITY OF HARAHAH
REGULATORY DEPARTMENT
PRELIMINARY ZONING CLEARANCE FORM
FOR OCCUPATIONAL LICENSE ONLY**

DATE: _____

THE ZONING CLEARANCE INDICATED BELOW IS ONLY A PRELIMINARY DETERMINATION MADE BY GENERAL REVIEW OF THE ZONING MAPS AVAILABLE TO THE DEPARTMENT AND IS ONLY FOR INTERNAL REVIEW PURPOSES.

THE INFORMATION CONTAINED ON THIS FORM SHOULD NOT BE USED AS A BASIS FOR THE PURCHASE OF PROPERTY, FINAL BUILDING DESIGN, OR ANY OTHER IMPORTANT LEGAL OR FINANCIAL DECISION REGARDING AN INTENDED USE OF THE PROPERTY. THE REGULATORY DEPARTMENT NEITHER ASSUMES NOR AUTHORIZES ANY PERSON TO ASSUME ANY LIABILITY IN CONNECTION HEREWITH.

FOR A FINAL ZONING DETERMINATION A CERTIFIED PROPERTY SURVEY MUST BE SUBMITTED ALONG WITH A WRITTEN REQUEST. CONTACT THE CITY OF HARAHAH REGULATORY DEPARTMENT, 6437 JEFFERSON HWY, HARAHAH, LA 70123 TELEPHONE NUMBER 504-737-6765.

THIS IS A PRELIMINARY ZONING CLEARANCE ONLY. A CHANGE OF PERMITTED USE FROM THE PREVIOUS USE WILL REQUIRE FURTHER REVIEW BY THIS DEPARTMENT. NO CHANGE SHALL BE MADE IN THE CHARACTER OF OCCUPANCY OR USE OF ANY BUILDING WHICH WILL PLACE THE BUILDING IN A DIFFERENT GROUP OF OCCUPANCY UNLESS SUCH BUILDING IS MADE TO COMPLY WITH THE REQUIREMENTS OF THE BUILDING CODE FOR THAT OCCUPANCY GROUP AS CERTIFIED IN WRITING BY THE REGULATORY OFFICIAL.

ANY PHYSICAL CHANGES PROPOSED OR REQUIRED BY THE BUILDING OFFICIAL (PLUMBING, ELECTRICAL, MECHANICAL, OR BUILDING) WILL REQUIRE A BUILDING PERMIT.

THE PREVIOUS USE OF THIS BUILDING SPACE WAS _____

I HAVE READ AND UNDERSTAND THE ABOVE _____

APPLICANT SIGNATURE

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

NATURE OF BUSINESS: _____

ZONING _____ PERMITTED USE _____ LEGAL NON CONFORMING _____ NOT A PERMITTED USE _____

HOME OCCUPATIONAL AS PER AGREEMENT (PHONE & MAIL PURPOSES ONLY) _____

HOME OCCUPATION AS PERMITTED USE _____

\$25.00 FEE PAID _____

PLAN REVIEWER

City of Harahan

6437 Jefferson Highway
Harahan, Louisiana 70123
Phone (504) 737-6383

APPLICATION FOR OCCUPATIONAL LICENSE

For Calendar Year _____

Owner's Name: _____ Phone _____
(Address)

Trade Name: _____ Phone _____

Location of Business: _____
(Street and number) (City, State, Zip)

Mailing Address (if different) _____

Nature of Business _____
(Description of sales or activity)

Type of Ownership _____ Social Security # _____
(Individual, partnership, corporation)

Will the business require an alcoholic beverage license? _____

Is it near a school, synagogue or playground? _____

HOW TO APPLY FOR LICENSE

(See reverse for general instructions)

1. OLD BUSINESS — if operated during entire previous calendar year, base license on gross revenue for previous year.
Gross for previous Calendar Year: \$ _____
2. FOR A BUSINESS OPENED during the previous year: (Date Opened _____)
Gross Revenue for remainder of calendar year \$ _____, divided by number of days in operations, _____ equals
\$ _____ which multiplied by 365 amount to \$ _____
(Use this amount to compute tax)
3. NEW BUSINESS — Date started at this location _____
 - A. Business opened less than 30 days, tax due will be minimum of applicable rate table. If Business opened after June 30th, remit one-half the minimum fee. (Temporary license shall be issued for 30 days.)
 - B. Business opened more than 30 days, gross revenue for first 30 days \$ _____, which multiplied by number of months remaining in year _____, amounts to \$ _____
(Use this amount to compute tax)

(NOTE. See reverse side for instructions for computing tax on business opened after June 30th of current year.)
4. BUSINESS PAYING FEE BASED ON UNITS, i.e., pool tables, bowling alleys, video machines, etc.:
(List items and locations on reverse and show total amount of tax below)

MINIMUM LICENSE FEE \$50.00

5. LICENSE FEE BASED ON TABLE _____

AMOUNT OF TAX	\$ _____
INTEREST	_____
PENALTY	_____
TOTAL DUE	\$ _____

I affirm that the information given on this application
is true and correct.

(Signature)

(Title)

(Date)

Remit total due with application to CITY OF HARAHAHAN