



ZONING REQUEST FORM

You must complete this form entirely or the zoning will not be issued.
You can return completed form to the Permit Office at the Walker Municipal Building, fax to 225-664-0140, or email to permits@walker-la.gov

Date: _____

Name of person requesting the zoning: _____

Property owners name: _____

Phone Number: _____

Fax Number: _____

Email: _____

Is this property in a subdivision? If yes, which one? _____

Tax ID/Parcel Number: _____

Address/Road Name: _____

You must have the location of the property marked on a map to be submitted with the roads labeled with the zoning request form.

Office Use Only

Property Zoned: _____

Signed: _____ Date: _____