



BUILDING PERMIT APPLICATION



JURISDICTION _____
PROJECT # _____

APPLICANT INFORMATION

APPLICANT NAME: _____ PHONE # _____
 MAILING ADDRESS: _____ CELL # _____
 PROPERTY/LAND OWNER: _____
 ARE YOU THE HOMEOWNER AND CLAIMING AN EXEMPTION FROM CONTRACTORS LICENSURE? YES NO
 IF YES, LSLBC Notarized affidavit required ATTACHED
 CONTRACTOR _____ LICENSE # _____
 MAILING ADDRESS _____ PHONE # _____ CELL# _____
 ARE YOU USING A THIRD PARTY PROVIDER FOR PLAN REVIEW & INSPECTIONS? YES NO
 ARE YOU APPLYING FOR: NEW SERVICE NEW LOCATION
 RECONNECTION EXISTING LOCATION
 IF YOU ARE APPLYING FOR RECONNECTION AT AN EXISTING LOCATON,
 HOW LONG HAVE THE UTILITIES BEEN DISCONNECTED? _____

LOCATION

PROJECT ADDRESS _____
 PROJECT NAME: _____ SPECIFIC USE: _____
 PROJECT DESCRIPTION (SCOPE OF WORK): _____

 SUBDIVISION _____ LOT # _____
 SECTION _____ TOWNSHIP _____ RANGE _____ PARCEL # _____ ACRES _____

BUILDING TYPE: RESIDENTIAL _____ COMMERCIAL _____

CATEGORY:
 New Construction
 Addition
 Remodeling
 Modular Building
 Building Relocation
 Accessory Building
 (garage, patio, shed)
 Camp/Farm Structure
 Demolition
 Other: _____
 Change of Use/Occupancy
 (Previous Use)

COMMERCIAL OCCUPANCY USE GROUP:
 Assembly (A__)
 Business (B__)
 Education (E__)
 Factory and Ind. (F__)
 High Hazard (H__)
 Institutional (I__)
 Mercantile (M__)
 Residential (R__)
 Storage (S__)
 Utility and Misc. (U__)

UTILITIES REQUESTED:
 Electrical
 Plumbing
 HVAC-Mechanical

UTILITY PROVIDERS:

ELECTRIC*: _____
 WATER: _____
 GAS: _____
 SEWER: Individual
 Public
 Community
 Existing

ATTACH SEWER PERMIT**
 Permit # _____
 TEMP _____ FINAL _____

***ALL REQUIRED INSPECTIONS MUST PASS BEFORE AN ELECTRIC CONNECTION WILL BE AUTHORIZED TO YOUR UTILITY CO.**

****A TEMPORARY SEWER PERMIT IS REQUIRED BEFORE THE PARISH PERMIT CAN BE ISSUED.**

BUILDING INFORMATION

TOTAL SQ FT _____
 LIVING SQ FT _____
 ACCESSORY SQ FT _____
 GARAGE SQ FT _____
 CONSTRUCTION COST \$ _____
 REMODEL/ALTERATION COST \$ _____
TYPE OF FRAME:
 Wood/Masonry/Structural Steel (Type 1, 2, 3, 4, 5)
TYPE OF HEATING/COOLING:
 Gas/Electric
 Central A/C? _____
 ZONING: _____
 AICUZ: _____
 FIRE MARSHAL PROJECT # _____
 (NFPA 101 review)

FLOOD ZONE INFORMATION:

(To be completed by Local Community's Floodplain Administrator)
 Community/FIRM Panel # _____
 Dated _____
 Flood Zone _____ Base flood elevation _____
Property plat with site plan of proposed development required for Floodplain Determination

APPLICANT SIGNATURE _____ DATE _____