

# Building Permit Application

250 Bouscaren Street, Suite # 202

Slidell, La. 70458

(985) 646-4324

|  |                                    |                                     |                |
|--|------------------------------------|-------------------------------------|----------------|
| JOB ADDRESS  |                                    |                                     |                |
| LOT NO.  | SQUARE NO.                         | SUBDIVISION                         |                |
| OWNER  | PHONE NO.                          | E-MAIL ADDRESS                      |                |
| OWNER'S MAILING ADDRESS  |                                    |                                     |                |
| CONTRACTOR   | PHONE NO.                          | E-MAIL ADDRESS                      | FAX NO.        |
| CONTRACTOR'S MAILING ADDRESS   |                                    |                                     |                |
| JOB SUPERVISOR   | PHONE NO.                          | FAX NO.                             |                |
| CITY LICENSE NO.   | STATE LICENSE NO.                  |                                     |                |
| ARCHITECT / ENGINEER   | PHONE NO.                          | E-MAIL ADDRESS                      | FAX NO.        |
| ARCHITECT/ENGINEER'S MAILING ADDRESS   |                                    |                                     |                |
| TYPE OF CONSTRUCTION   |                                    |                                     |                |
| RESIDENTIAL ___  |                                    | COMMERCIAL ___                      |                |
| NEW ___  | ADDITION ___                       | ALTERATION ___                      | REPAIR ___     |
|  |                                    | MOVE ___                            | DEMOLISH ___   |
| NAME OF COMMERCIAL DEVELOPMENT   |                                    |                                     |                |
| DESCRIBE WORK  |                                    |                                     |                |
|  |                                    |                                     |                |
| HEIGHT OF BLDG.  | NO. OF STORIES                     | FRONT YARD SETBACK                  |                |
| SIDE YARD SETBACK  | REAR YARD SETBACK                  | CORNER OR INTERIOR LOT (circle one) |                |
| PREVIOUS USE OF BLDG.  |                                    | PROPOSED USE OF BLDG.               |                |
| JOB COST   | SQUARE FEET                        | CONSTRUCTION TYPE                   |                |
| ELECTRICAL   | LIST THE FOLLOWING SUB-CONTRACTORS |                                     | PLUMBING & GAS |
|  | ACHMRV                             |                                     |                |
| <p>This permit shall be cancelled if work described is not commenced within six (6) months of date issued.</p> |                                    |                                     |                |
| <p>_____</p> <p>Applicant's Name</p>   |                                    | <p>_____</p> <p>Date</p>            |                |
| <p>*****</p>   |                                    |                                     |                |
| <b>OFFICE USE ONLY</b>   |                                    |                                     |                |
| <p>Permit No. _____</p>  |                                    | <p>Permit Fee _____</p>             |                |
| <p>Receipt No. _____</p>   |                                    | <p>Date Issued _____</p>            |                |

FLOOD ZONE \_\_\_\_\_ DESIGN FLOOD ELEVATION \_\_\_\_\_

TAX ASSESSMENT # \_\_\_\_\_ You may contact Melanie Band at 985-809-8180