



Permit No: Zoning District:	Date Requested:
Zolling District.	OFFICE USE ONLY
APPLICANT INFORMATION Name:	ON:
Phone:	Email:
PROPERTY OWNER INFO	PRMATION:
Same as above (circle one) Y	ES / NO
If no, do you have a Letter o	Authorization or a signed Contract? YES / NO
Name:	
Mailing Address:	
Phone:	Email:
CONTRACTOR INFORM	IATION:
Name:	
Mailing Address:	License No.:
Phone:	Email:
LOCATION OF WORK:	
Address:	
Applicant's Signature	 Date



PLEASE DESCRIBE PROJECT IN DETAIL:



Project Value: \$	Square Footage:	
	Please check all that apply:	
☐ Accessory Building	☐ Mechanical	\square Gas
☐ Electrical	\square Addition	\square Plumbing
☐ Renovations	☐ Relocation / Elevation	
□ Pool / In Ground	☐ Culvert	
·	\square Other	
qualifier signatures are on the applicative applicative application at the time of applicant. Current regist	ball include the fees for sub-permits, pro ion and plans include the details of all su- lication shall require that a separate pern tration/license, when applicable, is requin	bcontractor work. Failure to include t mit be issued with appropriate fees bei
Master permit: primary permit fees she qualifier signatures are on the applicative required information at the time of applicant. Current regist Permit Type	hall include the fees for sub-permits, pro ion and plans include the details of all su- lication shall require that a separate pern tration/license, when applicable, is requin	bcontractor work. Failure to include to mit be issued with appropriate fees between at the time of submittal. Permit Fees
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Master permit: primary permit fees shaulifier signatures are on the applicative equired information at the time of applicant. Current regist Permit Type Detached accessory structure without	hall include the fees for sub-permits, pro- tion and plans include the details of all su- lication shall require that a separate per- tration/license, when applicable, is require walls \$75 if less than 500	bcontractor work. Failure to include a mit be issued with appropriate fees beared at the time of submittal. Permit Fees O sq. ft.; \$200 if over 500 sq. ft. oot (\$75 min.; \$500 max; no fee if lesset)
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1811 W. Airline Highway • LaPlace, LA 70068 Phone: 985-651-5565 • <u>www.sjbparish.com</u>



Applicant's Signature



Within sixty (60) days of submission of minimum application requirements, this application will become null and void. By signature of this application, applicant understands that permit fees are non-refundable.

Date