15485 Club Deluxe Road
Hammond, LA 70403
Office: (985) 542-2117
Fax: (985) 542-8574

BUILDING PERMIT APPLICATION

Homeowner: _____

Job Site Location (911 Address): _____

_____
City State Zip

Name of Subdivision: _____ Lot #: _____
(if applicable)

Directions to Site: _____

_____

Contractor (if owner/contractor put "SELF") _____LA License # _____

Square Footage: (Total Under Beam) _____ Tangipahoa Registration # _____

Contractor's Phone: _____ Contractor's Mobile: _____

TYPE OF JOB: _____ COST TO BUILD: _____

I certify that the above information is true and accurate. I also realize that any false information may cause the permit to be revoked. My signature confirms that I have received a brochure with information on code requirements and when to contact the Permit Office for inspections. IN ADDITION, I UNDERSTAND THAT I MUST CALL FOR I NSPECTIONS AT LEAST 24 HOURS IN ADVANCE (The item(s) being inspected must be completely ready at 8:00 a.m. on the day of the inspection).

_____ _____
Applicant's Signature Date

OFFICE USE ONLY:

FLOOD DETERMINATION: Community No. 220206 Panel: _____ Zone: _____

Section _____ Township _____S Range _____E Tax Assessment #: _____

How Determined: _____ By whom: _____ Elevation Certificate required: _____ Yes _____No

_____This area IS NOT in a special flood hazard area _____This area IS in a special flood hazard area

Council District Number: _____ Sewer District _____ LSH-47 _____

COMMUNITY DEVELOPMENT:

Approved by: _____ Not Approved by: _____ Reasons (not approved): _____

_____

Signature: _____ Date: _____