



15485 CLUB DELUXE ROAD
HAMMOND, LA 70403
OFFICE: (985) 542-2117
FAX: (985) 340-9029

COMMERCIAL PERMIT APPLICATION

Name of Business: _____

Type of Business: _____ Email Address: _____

Owner /LLC: _____

Phone: _____ Cell Phone: _____

Job Site Location (911 Address): _____

Directions to Site: _____
City State Zip

Contractor: _____ LA License # _____

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

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

TYPE OF JOB: _____ Fair Market Value of Existing Building: _____
Cost of Construction: _____

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 INSPECTIONS 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: _____