



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 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

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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 _____

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COMMUNITY DEVELOPMENT:

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

Signature: _____ Date: _____