



15485 CLUB DELUXE ROAD
HAMMOND, LA 70403
OFFICE: (985) 542-2117
FAX: (985) 542-8574

MOVING PERMIT APPLICATION

Name of Applicant: _____ Contact Phone Number: _____

Site Location (911 Address): _____

_____ City State Zip

Landowners Name: _____ Lot #: _____
(if applicable)

Directions to Site: _____

Type of Structure: (What are you moving?)

Used Mobile Home: \$25 _____ New Single-Wide: \$60 _____ New Double-Wide: \$120 _____

House: \$50 _____ Storage Shed: \$50 _____ FEMA Trailer: _____

Other: _____

Mover's name and phone #: _____

Structure being moved from: (House only) _____

_____ Applicant's Signature Date

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OFFICE USE ONLY:

FLOOD DETERMINATION: Community No. 220206 Panel: _____ Zone: _____ Tax Assessment #: _____

Section _____ Township _____ S Range _____ E Council District Number: _____

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

FOR ZONE A, AE, V AND VE AN ELEVATION CERTIFICATE OR PLOT PLANS IS REQUIRED
Health Approval: _____ Termite Certificate: (if applicable) _____

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COMMUNITY DEVELOPMENT:

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

Signature: _____ Date: _____