# Building Permit Application

250 Bouscaren Street, Suite # 202
Slidell, La. 70458
(985) 646-4324

JOB ADDRESS

LOT NO. SQUARE NO. SUBDIVISION

OWNER PHONE NO. E-MAIL ADDRESS

OWNER'S MAILING ADDRESS

CONTRACTOR PHONE NO. E-MAIL ADDRESS FAX NO.

CONTRACTOR'S MAILING ADDRESS

JOB SUPERVISOR PHONE NO. FAX NO.

CITY LICENSE NO. STATE LICENSE NO.

ARCHITECT / ENGINEER PHONE NO. E-MAIL ADDRESS FAX NO.

ARCHITECT/ENGINEER'S MAILING ADDRESS

TYPE OF CONSTRUCTION

RESIDENTIAL ___ COMMERCIAL___

NEW___ ADDITION___ ALTERATION___ REPAIR___ MOVE___ DEMOLISH___

NAME OF COMMERCIAL DEVELOPMENT

DESCRIBE WORK

HEIGHT OF BLDG. NO. OF STORIES FRONT YARD SETBACK

SIDE YARD SETBACK REAR YARD SETBACK CORNER OR INTERIOR LOT (circle one)

PREVIOUS USE OF BLDG. PROPOSED USE OF BLDG.

JOB COST SQUARE FEET CONSTRUCTION TYPE

LIST THE FOLLOWING SUB-CONTRACTORS

ELECTRICAL ACHMRV PLUMBING & GAS

This permit shall be cancelled if work described is not commenced within six (6) months of date issued.

_____ _____

Applicant's Name Date

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**OFFICE USE ONLY**

Permit No. _____ Permit Fee _____

Receipt No. _____ Date Issued _____

FLOOD ZONE _____ DESIGN FLOOD ELEVATION_____

TAX ASSESSMENT # _____ You may contact Melanie Band at 985-809-8180