

PARISH OF IBERIA – BUILDING PERMIT APPLICATION

PROJECT TYPE: _____ **Date taken:** _____

PROJECT NAME: _____

PROJECT ADDRESS: _____ **Zip code:** _____

Owner Name:		Phone #	
Location of address:			
Contractor Information:			
Name:		Address:	
Contact phone #:		License #:	
E-mail address:			
Residential		Commercial	
<input type="checkbox"/> Single Family		Business (B)	<input type="checkbox"/>
<input type="checkbox"/> Two Family/Duplex		Education (E)	<input type="checkbox"/>
<input type="checkbox"/> Three Family/Triplex		Factory/Industrial	<input type="checkbox"/>
<input type="checkbox"/> Modular Home		High Hazard	<input type="checkbox"/>
<input type="checkbox"/> Carport		Institutional	<input type="checkbox"/>
<input type="checkbox"/> Other (shed, barn, sign, etc)		Storage	<input type="checkbox"/>
<input type="checkbox"/> Number of bedrooms per home = _____		Utility & Misc.	<input type="checkbox"/>
<input type="checkbox"/> Number of bathrooms per home = _____		Mercantile	<input type="checkbox"/>
<input type="checkbox"/> Garage			
Description of work to be performed			
<input type="checkbox"/> New Construction			
<input type="checkbox"/> Addition			
<input type="checkbox"/> Alteration / Remodel			
<input type="checkbox"/> Repair / Replacement			
<input type="checkbox"/> Move / relocation			
<input type="checkbox"/> Foundation only			
<input type="checkbox"/> Wrecking / demolition			
Building Information			
<input type="checkbox"/> Total square footage under roof = _____			
<input type="checkbox"/> Number of stories = _____			
<input type="checkbox"/> Construction Cost = _____			

Building Characteristics – Type of frame	
<input type="checkbox"/>	Wood frame
<input type="checkbox"/>	Masonry (wall bearing)
<input type="checkbox"/>	Structural steel
<input type="checkbox"/>	Reinforced concrete
<input type="checkbox"/>	Other (Please describe)
Electrical Provider:	Gas Provider:
Type of Mechanical: (Circle One) Central Air Conditioning Window Unit Other	
Type of Sewage: (Circle One) Private Public	
Flood Hazard Area:	Base Flood Required: Surveyor: _____
Checklist of Information Submitted by the Applicant for Permitting	
<input type="checkbox"/>	Completed Building Permit Application
<input type="checkbox"/>	Two Paper sets of construction documents
<input type="checkbox"/>	State Fire Marshall Review Letter (if applicable)
<input type="checkbox"/>	Drainage assessment report (if applicable)
<input type="checkbox"/>	Two copies of legal plat
<input type="checkbox"/>	Firmette showing NFIP location
<input type="checkbox"/>	Flood Elevation Certificate (if applicable)
<p>I acknowledge that this permit becomes null and void if work of construction authorized is not commenced within 180 days of issuance of permit. I have read and examined this application in its entirety and have completed the appropriate sections of this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction or the performance of construction. The proposed work is authorized by the owner of record and that I am or have been authorized by the owner to make this application as the authorized agent and agree to conform to all applicable laws.</p>	
<p>I acknowledge that it is the contractor’s responsibility to ensure that a stamped set of “Approved Plans by the Parish of Iberia” is required to remain on the jobsite throughout construction.</p>	
SIGNATURE OF APPLICANT: _____	
(In office use only) Completed by	
Zoning Approval:	Date approved: