



ST. TAMMANY PARISH

PATRICIA P. BRISTER
PARISH PRESIDENT

04-20-16

REQUIREMENTS FOR SOLAR PLAN REVIEW (ACCESSORY-Non-Roof Mounted)

- Completed Permit Application
- Assessment # / Parcel #(10 digit number from Assessor's Office 985-809-8180 [ww.stpao.org](http://www.stpao.org))
- Legal Description of Property (recorded copy of title, deed, cash sale)
- Survey of Property (shall indicate flood zone; submitted on 11"x17" format or smaller)
- Plot Plan (drawn to scale including proposed and existing structures and set back lines; electronic pdf format or 11"x17" format or smaller)
- Completed Sheriff's Job Registration Form (if job cost is \$20,000 or more)
- Complete set of plans; preferably in electronic PDF format.
 - All plans shall be site specific (lot # etc included on plans)
 - All plans shall indicate Designer's name, address and phone number
 - All plans shall indicate design criteria and wind speed (structure specific) per 2012 IRC
- Signed Contract Showing Total Dollar Amount of Work (signed by contractor and property owner)
- All Residential Contractors shall have a current registration with St. Tammany Parish Dept. of Planning & Development

Fee Schedule (All fees are due at the time of application)

➤ Residential Accessory	\$105.00 + 0.10 per sq ft (under beam)
➤ Residential Plan Review	\$50.00 + 0.01 per sq ft (underbeam)
➤ Commercial Accessory	\$140.00 + 0.21 per sq ft (underbeam)
➤ Commercial Plan Review	\$150.00 + 0.01 per sq ft (underbeam)



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RESIDENTIAL BUILDING PERMIT APPLICATION

PROJECT INFORMATION:

PERMIT # _____

Address: _____ City: _____ Zip Code: _____

Subdivision: _____ Lot #: _____ Blk/Sq: _____

Assessment#: _____ S/T/R _____ Tract: _____ Ward: _____

District: _____

PERMIT TYPE:

- Accessory Addition Demolition Duplex
- Mobile Home Modular Remodel Single Family
- Swimming Pool

PROPOSED USE:

Number of Bedrooms _____ Number of Bathrooms _____ Number of Stories _____

Total Sq Ft. _____ Living Sq Ft. _____ Garage Sq Ft. _____ Porches/Decks Sq Ft. _____

Max Height: _____ Structure Length: _____ Structure Width: _____

Project Cost: _____ Foundation Type: Slab Raised Footing

Piers Other

Water: Central Individual Electric Company: Cleco

WST

Sewerage: Central Individual Entergy

PROPERTY OWNER INFORMATION:

Name: _____ Phone: _____
Address: _____ Cell: _____
City: _____ Email: _____
State: _____ Zip Code: _____ Fax #: _____

APPLICANT INFORMATION:

Name: _____ Phone: _____
Address: _____ Cell: _____
City: _____ Email: _____
State: _____ Zip Code: _____ Fax #: _____

CONTRACTOR INFORMATION:

(Please check one of the following forms of notification)

Name: _____ Phone: _____
Address: _____ Cell: _____
City: _____ Email: _____
State: _____ Zip Code: _____ Fax #: _____

DESIGN PROFESSIONAL:

Name: _____ Phone: _____
Email Address: _____ Cell: _____
Fax #: _____

ARCHITECT/ENGINEER:

Name: _____ Phone: _____
Email Address: _____ Cell: _____
Fax #: _____

I acknowledge that this permit becomes invalid unless the work on the site authorized by such permit is commenced within 180 days after its issuance, or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced or is not completed within 2 years of issuance of the 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 regulating 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 of this jurisdiction.

I acknowledge that if the property is within a Flood Hazard Area, upon completion of the project and prior to the availability of a Certificate of Occupancy from St. Tammany Parish, an Elevation Certificate, signed and stamped by a licensed Land Surveyor or P. E. shall be submitted to the St. Tammany Parish Flood Administrator.

I acknowledge that it is the contractor's responsibility to ensure that a stamped set of "Approved" plans by St. Tammany Parish is required to remain on the jobsite throughout construction. It is the contractor's responsibility to obtain a copy of such plans from St. Tammany Parish Department of Planning & Development, the Professional of Record, or the owner.

I understand that Permit Fees are Non-Refundable or Transferable

Signature: _____ **Date:** _____

Office Use

Plan Review Fees: _____ **Payment Method:** _____

Permit Fees: _____ **Total Fees Paid:** _____

Impact Fees: _____



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Revised 04-19-2016

Engineering
Residential Permit Data Form

The following information is designed to assist you in applying for a residential building permit. If you have any questions please contact, the Department of Engineering at (985) 809-7448.

1. Please check all that apply and answer the following questions:
 - A. Is this property within a subdivision? If Yes, Please provide the name of the subdivision.
 Yes No Name of Subdivision _____
 - B. Is this property on a portion of roadway that is constructed and open for building?
 Yes No
 - C. Is the roadway asphalt, gravel or other?
 Asphalt Gravel Other _____
 - D. What flood zone is the property? A B C V
 - E. Is the property in a critical drainage area? Yes No
 - F. Is the property less than 90 feet in width? Yes No
 - G. Has or is fill being placed on the property? Yes No
*If the answer is **YES**, please check the following box which applies:
 Fill will be placed above natural ground.
 The grade of the property will be modified but there will *not* be a net increase of fill.

***Proceed to Item No. 2 and No. 3 below.**

2. If property is in a subdivision with an approved drainage plan and hydrology study, then an Existing and Proposed Grade Elevation Form is not required. *Please contact the Engineering Department for a copy of the As-Built Drainage plan for your lot.*
3. If the property is not in a subdivision with an approved drainage plan and hydrology study, an additional form may be required (please see attached examples):
 - A. If in Flood Zone A, any size lot- **Existing and Proposed Grade Elevation Form** is required.
 - B. If in critical drainage area, Flood Zone C or B, any size property, not in a critical drainage area- **Existing and Proposed Grade Elevation** is required.
 - C. If property is less than 90 feet in width, Flood Zone C or B, not in a critical drainage area- **Existing and Proposed Grade Elevation** is required.
 - D. If property is greater than 90 feet in width not in a critical drainage area- Existing and Proposed Grade Elevation is not required.

Sediment control measures are required on all construction sites adjacent to any public drainage easement, R.O.W., waterways or catch basin when more than 50% of the lot area is being disturbed.

By _____ Date _____
Signature



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4-18-2016

Request for address directions to jobsite

Permit Number: _____ Date: _____

Customer Name: _____

Phone Number: _____

- Eastern St Tammany
- Lacombe Area
- Western St Tammany

DESCRIBE IN DETAIL DIRECTIONS TO YOUR JOB SITE:

Indicate nearest intersection, major highways, any landmarks, nearest municipal address, and even or odd side or street etc. Please use North, South, East and West when describing directions.

Street _____

Subdivision _____

Directions _____

Failure to complete the above information will result in delay of permit issuance



CONTRACTOR'S JOB REGISTRATION



Sales & Use Tax Department
P.O. Box 1229 • Slidell, LA 70459
(985) 726-7786 • (985) 726-7787 • (985) 726-7788

BUILDER'S TRADE NAME: _____
(Full Name as Displayed on Signs/Advertising)

LEGAL NAME: _____

LEGAL TYPE: Sole Proprietor Corporation Partnership LLC Self-Build

CONTRACTOR'S LICENSES: LA # _____ St. Tammany Occupational # _____

BUILDER'S ADDRESS: Street _____
City/State/Zip _____
Telephone # _____

TOTAL COST or CONTRACT AMOUNT for Completed Structure: \$

Construction **TYPE:** New Renovation Addition Other: _____

Construction **CLASSIFICATION:** Residential
 Commercial _____
(Name of Project/Business)

JOBSITE ADDRESS: Subdivision _____
Street _____
City _____
Unit/Lot # _____

Will building materials or equipment be purchased or brought in from outside St. Tammany Parish and used in this project?
 Yes No

If **YES**, list **Out-of-Parish Suppliers, Supplier Location, & Material Provided:**

If you answered **NO** and this situation changes, notify this Authority before goods are delivered in this parish, or verify supplier is registered to collect taxes for St. Tammany Parish by calling our office at (985) 726-7777. **All materials are subject to 4.75% - 5.75% St. Tammany Parish Sales and/or Use Tax.** THIS REGISTRATION IS NOT ASSIGNABLE OR HERITABLE AND IS VALID FOR THIS JOB ONLY. BY SIGNING BELOW, I CERTIFY THAT ALL STATEMENTS CONTAINED HEREIN ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: _____ Title: _____ Date: _____