



St. James Parish Government

P. O. Box 106
Convent, Louisiana 70723-0106
FAX (225) 562-2422
TDD: (225) 562-8500

Peter A. Dufresne
Parish President

Permitting Phone: (225) 562-2243

Permitting Email: permitting@stjamesparishla.gov

Home Relocation

****All permit fees are non-refundable****

\$250.00

- Proof of Ownership or Notarized Letter from Property Owner
- LaDHH Approval (Health Department)
- An engineered stamp **Site Plan**
- Payment for utilities
- Letter of No Objection from Levee Board (if required, see information below)
- Elevation Certificate (if required, see information below)

Elevation Information:

Applicants must submit an "Initial" Elevation Certificate by a registered professional engineer, architect or land surveyor indicating the proposed floor elevation of the home, commercial building, and servicing equipment is one foot above the base flood elevation but not less than +6.0' MSL. All residential structures shall have the lowest floor (including basement) and servicing equipment elevated to one foot above the base flood elevation but not less than +6.0' MSL. Upon completion of construction, applicants must submit a "Finished Construction" elevation certificate confirming the floor elevation and servicing equipment one foot above the base flood elevation but not less than +6.0' MSL before utilities can be released.

Levee Board Information:

Please note that any and all excavations within 1,500 feet of the crown of the Mississippi River levee must obtain a letter of no objection from the Pontchartrain Levee District (East Bank) at (225) 869-9721 or Lafourche Basin Levee District (West Bank) at (225) 265-7545.

Sanitation Department Information:

All Permits Including PLUMBING Must Go through the Health Department

Phone: (225) 265-4002
29170 Health Unit Street, Vacherie, LA 70090

Office Hours:
Monday & Wednesday – 8:00 a.m. – 9:30 a.m.

Rick Webre
Director of
Operations

Felix Boughton
Director of
Finance

Ingrid LeBlanc
Director of
Human Resources

Eric Deroche
Director of
Emergency Preparedness

Permitting Department

Home Relocation



FOR OFFICE USE ONLY

DATE RECEIVED: _____

PERMIT #: _____

PROJECT/SERVICE ADDRESS: _____

(STREET)

(CITY, STATE)

(ZIP)

Subdivision: _____

Lot Number: _____

PROPERTY OWNER'S INFORMATION

Name: _____

Mailing Address: _____

Phone: _____

City: _____

Email: _____

State, Zip: _____

APPLICANT'S INFORMATION

Name: _____

Mailing Address: _____

Phone: _____

City: _____

Email: _____

State, Zip: _____

CONTRACTOR'S INFORMATION

Name: _____

Mailing Address: _____

Phone: _____

City: _____

Email: _____

State, Zip: _____

BUILDER/GC: _____

STATE LIC#: _____

CR#: _____

ELECTRICIAN: _____

STATE LIC#: _____

CR#: _____

MECHANICAL: _____

STATE LIC#: _____

CR#: _____

PLUMBER: _____

STATE LIC#: _____

CR#: _____

HOME INFORMATION:

EXTERIOR: *Wood/Vinyl/Metal (Circle One)*

PLACED ON: *Slab/Piers (Circle One)*

SIZE: _____ (W) X _____ (L)

NUMBER OF BEDROOMS: _____

NUMBER OF BATHROOMS: _____

PROPERTY LINES SET BACK:

FRONT: _____ REAR: _____ RIGHT: _____ LEFT: _____

Parish Set Back Requirements from property line: 20' Front, 15' Rear, 5' Right Side, and 10' Left

VALUE

WATER SERVICE (Check One)

- St. James Parish Utilities
- Individual Well
- Community Well
- N/A
- Public: _____

SEWER SERVICE (Check One)

- Individual Treatment Plant
- Community
- N/A
- Public: _____

GAS SERVICE (Check One)

- St. James Parish Utilities
- Atmos
- Propane
- N/A
- Other: _____

ELECTRICAL SERVICE

- Energy – _____
- Account #: _____

5800 Highway 44
P.O. Box 106
Convent, LA 70723

Phone: (225) 562-2243
Email: permitting@stjamesparishla.gov

Site Plan

CERTIFICATION

I certify that the above information is correct and agree to construct this building in accordance with the plot, building plans and specifications submitted herewith, an in strict compliance with all the provisions of the Building Code, Electrical Code, and Health and Plumbing Regulations of St. James Parish.

Applicant (Please Print)	Date	Title
Applicant's Signature		

OFFICE USE ONLY

- Address Verification
- Proof of Ownership
- Health Department Approval
- Levee Board Approval
- Elevation Certificate
- Stamped Plot/Site Approval
- Utilities Verification
 - Water - Verified By: _____
 - Gas - Verified By: _____
 - Electricity - Account Number: _____

Payment Amount: _____ Type: _____ Reference#: _____

Employee's Initials: _____

Permit #: _____

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