



## *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](mailto:permitting@stjamesparishla.gov)**

### **Residential – Utility Connection Request**

- Proof of Ownership, or
- Notarized Letter from Property Owner or lease agreement
- Valid Picture ID
- LaDHH Approval (Health Department) if water service has not been active in over fourteen (14) days.
- Payment for Utilities

### **Commercial – Utility Connection Request**

- Proof of Ownership, or
- Notarized letter from property owner or lease agreement
- Valid Picture ID
- LaDHH Approval (Health Department) if water service has not been active in over fourteen (14) days.
- Payment for Utilities
- Fire Marshal Approval if there is a change of use.

### **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.

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**Rick Webre**  
Director of  
Operations

**Felix Boughton**  
Director of  
Finance

**Ingrid LeBlanc**  
Director of  
Human Resources

**Eric Deroche**  
Director of  
Emergency Preparedness

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# Permitting Department

## Utility Connection Request



FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

Circle One: **Residential**    **Commercial**

Use:    **Water**    **Gas**    **Electrical**

PROJECT/SERVICE ADDRESS: \_\_\_\_\_  
(STREET) (CITY, STATE) (ZIP)

Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_

**Service To:** (Circle One)

APARTMENT    EXISTING MOBILE HOME    EXISTING HOUSE  
OFFICE SPACE (COMPLEX)    OFFICE BUILDING

### PROPERTY OWNER'S INFORMATION

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_  
Email: \_\_\_\_\_ State, Zip: \_\_\_\_\_

### APPLICANT'S INFORMATION

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_  
Email: \_\_\_\_\_ State, Zip: \_\_\_\_\_

### UTILITIES REQUESTING:

Water     Gas     Electricity: Entergy Account #: \_\_\_\_\_

**GAS PROVIDER: ST. JAMES PARISH OR ATMOS** (circle one)

### CERTIFICATION

Applicant (Please Print)	Date	
Applicant's Signature		

### FOR OFFICE USE ONLY

- Identification     Property Ownership Verification  
 Address Verification     Fire Marshal (Commercial)

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

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