



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

New Residential

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

\$0.45 per sq. ft.

- Proof of Ownership
- LaDHH Approval (Health Department)
- Plans for SCP&D Submittal
 - o Including an engineered stamp **Site Plan**
- Letter of No Objection from Levee Board (if required, see information below)
- Elevation Certificate (if required, see information below)

New Residential Addition Checklist

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

\$0.45 per sq. ft.

- Proof of Ownership
- LaDHH Approval (Health Department)
- Plans for SCP&D Submittal
 - o Including an engineered stamp **Site Plan**
- Letter of No Objection from Levee Board (if required, see information below)
- Elevation Certificate (if required, see information below)

New Accessory Construction Checklist

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

\$0.23 per sq. ft. with a \$75 minimum and \$500 maximum

- Proof of Ownership or Notarized Letter from Property Owner
- LaDHH Approval (Health Department)
- Plans for SCP&D Submittal
 - o Including an engineered stamp **Site Plan**
- Letter of No Objection from Levee Board (if required, see information below)
- Elevation Certificate (if required, see information below)

Residential Renovation

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

Between \$25.00 & \$200.00 (depending on cost)

- Proof of Ownership or Notarized Letter from Property Owner
- LaDHH Approval (Health Department)
- Plans for SCP&D Submittal
 - o Including an engineered stamp **Site Plan**
- 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

New Residential



Circle One: **Construction** **Addition** **Accessory** **Renovation**

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#: _____

PROJECT DESCRIPTION:

PROJECT INCLUDES: Plumbing Electrical Mechanical

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

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

PROJECT INFORMATION: Total Sq. Ft: _____ Living Sq. Ft.: _____ Accessory Sq. Ft.: _____ Bedrooms: _____ Bathrooms: _____ Existing Sq. Ft: _____ New Sq. Ft: _____ PROPERTY LINES SET BACK: FRONT: _____ REAR: _____ RIGHT: _____ LEFT: _____	VALUE
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WATER SERVICE (Check One) <input type="checkbox"/> St. James Parish Utilities <input type="checkbox"/> Individual Well <input type="checkbox"/> Community Well <input type="checkbox"/> N/A <input type="checkbox"/> Public: _____	SEWER SERVICE (Check One) <input type="checkbox"/> Individual Treatment Plant <input type="checkbox"/> Community <input type="checkbox"/> N/A <input type="checkbox"/> Public: _____	GAS SERVICE (Check One) <input type="checkbox"/> St. James Parish Utilities <input type="checkbox"/> Atmos <input type="checkbox"/> Propane <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____	ELECTRICAL SERVICE <input type="checkbox"/> Energy
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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
 Required Documents for Plan Submittal

- | | | |
|--|--|---|
| <input type="checkbox"/> Address Approval
<input type="checkbox"/> Flood Zone Approval
<input type="checkbox"/> Proof of Ownership
<input type="checkbox"/> Health Department Approval
<input type="checkbox"/> Levee Board Approval
<input type="checkbox"/> Utilities Verification
○ Water - Verified By: _____
○ Gas - Verified By: _____
○ Electricity - Account Number: _____ | <input type="checkbox"/> Elevation Certificate
<input type="checkbox"/> Stamped Plot/Site Approval
<input type="checkbox"/> Floor Plan
<input type="checkbox"/> Foundation Plan
<input type="checkbox"/> Plumbing Plan | <input type="checkbox"/> Braced Wall Plan
<input type="checkbox"/> Electrical Plan
<input type="checkbox"/> Plumbing Plan
<input type="checkbox"/> Mechanical Plan |
|--|--|---|

Payment Amount: _____ Type: _____ Reference#: _____

Employee's Initials: _____ Permit #: _____