



# 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)

## Swimming Pool Installation Checklist

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

\$Flat Rate of \$200

- Proof of Ownership or Notarized Letter from Property Owner
- Specification Plans and Dimensions for SCP&D Submittal
  - Including an engineered stamp **Site Plan**
- Barrier & Safety Device Plan
- Licensed Contractor Information
- Servitude Paperwork (if required)
- Miscellaneous Fee Paperwork (if required)
- LaDHH Approval (Health Department)
- Letter of No Objection from Levee Board (if required, see information below)

## 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  
St. James Parish Sanitarian Services

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

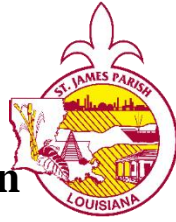
**Ingrid LeBlanc**  
Director of  
Human Resources

**Eric Deroche**  
Director of  
Emergency Preparedness

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# Permitting Department

## Pool, Spa, & Hot Tub Installation



**FOR OFFICE USE ONLY**

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

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

PROJECT/SERVICE ADDRESS: \_\_\_\_\_

Subdivision: \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY, STATE) \_\_\_\_\_ (ZIP)  
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: \_\_\_\_\_

Installer: \_\_\_\_\_ STATE LIC#: \_\_\_\_\_ CR#: \_\_\_\_\_

<b>PROJECT DESCRIPTION:</b>  <b>TYPE OF POOL:</b>  <b>GAS PROVIDER:</b> ST. JAMES PARISH OR ATMOS ( <i>circle one</i> )	<b>VALUE</b>
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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		

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

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

**Site Plan**

Address: \_\_\_\_\_ Permit #: \_\_\_\_\_

Project Description: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Please include:

- |  |  |
|--|--|
| <input type="checkbox"/> All existing structures and their use                       | <input type="checkbox"/> All proposed structures and their use |
| <input type="checkbox"/> Distance structures are from each other and property lines. | <input type="checkbox"/> Available/proposed parking spaces     |
| <input type="checkbox"/> Proposed drainage flow                                      | <input type="checkbox"/> Existing power lines                  |

**OFFICE USE ONLY**

Required Documents for Plan Submittal

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Address Approval       | <input type="checkbox"/> Pool Dimensions            | <input type="checkbox"/> Specification of Pool     |
| <input type="checkbox"/> Proof of Ownership     | <input type="checkbox"/> Stamped Plot/Site Approval | <input type="checkbox"/> Signed Application        |
| <input type="checkbox"/> Barrier Safety Info    |   | <input type="checkbox"/> Contractor's Registration |
| <input type="checkbox"/> Utilities Verification |   |  |
| o Gas - Verified By: _____                      |   |  |
| o Deposit/Upgrade: _____                        |   |  |
| o Work Order #: _____                           | Date: _____   |  |

Payment Amount: \_\_\_\_\_ Type: \_\_\_\_\_ Reference #: \_\_\_\_\_

Employee's Initials: \_\_\_\_\_ Permit #: \_\_\_\_\_

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