

Application for **MOVING A HOUSE** Permit

Date _____ Permit # _____

MOVING FROM:

Street Address Number: _____ Street: _____ Community: _____

PROJECT LOCATION:

Street Address Number: _____ Street: _____ Community: _____

*Note: If FEMA Zone "A" See FORM-A

In order to obtain a **PERMANANT ELECTRICAL CONNECTION**, a SF- 02 form, or a LHS -47 " PINK SLIP" is required from the State Health Department located: 29170 Health Unit Street in Vacherie, LA Phone Number: (225) 265-2181 See FORM-B

Property (Land Owner's) Name: _____ Home Phone # _____

Applicant/Business Name: _____ Home Phone # _____

Present Mailing Address: _____, Louisiana (Zip) _____

Work Phone # _____ Cell Phone # _____ Fax # _____

TYPE OF USE: Residential / Commercial (*Circle One*)

HOUSE VALUE \$ _____

EXTERIOR OF HOUSE: Brick/Wood/Vinyl /Metal/Stucco (*Circle One*)

Total Sq. Footage: _____ **Total Living Area:** _____

FOUNDATION: Piers/Slab (*Circle One*)

Number of Bedrooms _____ Number of Baths: _____

MOVING CONTRACTOR NAME/COMPANY: _____

State License # _____

Parish Registration # _____

UTILITIES PROVIDERS: Δ Gas *Water:* St. James Parish Utilities

Electricity: Entergy-Acct # _____

Signature of Applicant

Date

Residential: \$250.00 (plus trade permits) Cash Check Money Order

Make Payable to: **ST. JAMES PARISH COUNCIL**

PERMIT FEE IS NON REFUNDABLE