



# St. James Parish Government

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**Timothy P. Roussel**  
 Parish President

## Mobile Home Placement

(Permit fee is \$150.00 and must be paid in cash, check, or money order)

\*All Fees are Non-Refundable \*

- Applicant must provide proof of Ownership of property (Act of sale, Cash sale, etc.) If applicant is not the property owner, he or she must provide a notarized rental or lease agreement along with a stamped survey of property.
- Mobile home must meet St. James Parish Property Line Setbacks (**20' Front, 15' Back, 5' Side, 10' from other side**)
- Applicant must have an approval for a Waste Water Mechanical Treatment System through St. James Parish Sanitarian Services office which is located at 29170 Health Unit Street, Vacherie, LA 70090 and contact number (225) 265-4002.
- Applicant must submit a diagram of how Mobile Home will be placed on property, also information describing the size, model, serial #, etc.
- Elevation (see Elevation Box Below)
- Customer pay for water and /or gas and connection fee at the time of permitting Mobile Home Placement, which can be paid in cash, check, money order, and credit card payment accepted (\$2.00 processing fee)
- If Mobile Home is placed prior to obtaining a permit, fees will double (\$300.00-After –the-fact fee) See ordinance section 18-8 Plans will be submitted for approval by SCP&D for plan review approval.
- Once approved, applicant will received Mobile Placement Placard and Guidelines to follow.

### Information on Mobile Home Elevation

Applicants must submit an “Initial” Elevation Certificate by a registered professional engineer, architect or land surveyor indicating the proposed floor elevation of the mobile home is one foot above the base flood elevation but not less than +6.0' MSL. Once the mobile home is placed, the applicant must then submit a “Finished” Elevation Certificate confirming the floor elevation is one foot above the base flood elevation but not less than +6.0' MSL before utilities can be released.

## Checklist

	<b>Contact Permitting Office</b>
	<b>Proof of Property/ Rental or Lease Agreement</b>
	<b>Survey of Property (if applicant is not the property owner)</b>
	<b>Mobile Home Information</b>
	<b>Louisiana Department of Health and Hospital</b>
	<b>Site Plan (Showing Setbacks)</b>
	<b>Elevation (if Required)</b>
	<b>Permit Fee</b>
	<b>Utility Fees</b>
	<b>Receive Mobile Home Placement &amp; Guidelines</b>
	<b>Contact SCP&amp; D for inspection (985) 655-1070</b>

**Placement Address:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Type of use: Residential / Commercial (Circle One)**

**Size:** \_\_\_\_\_ **X** \_\_\_\_\_ **Numbers of Bedrooms:** \_\_\_\_\_ **Number of Baths:** \_\_\_\_\_

**Site Plan:** *(Must Show Streets, Setbacks, Correct Mobile Home Dimensions, Location of sewer system)*



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date