

Town of Abita Springs, La.



P.O. Box 461
Abita Springs, LA 70420
892-0711

Permit Application

Name & Mailing Address of Owner: _____

Phone Number: _____ Use of Building: _____

Location & Lot # of Property: _____

PLEASE CHECK ALL TYPES OF CONSTRUCTION:

NEW BUILDING	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>	RENOVATION	<input type="checkbox"/>	DEMOLITION	<input type="checkbox"/>	CLEARING	<input type="checkbox"/> *
RESIDENTIAL	<input type="checkbox"/>	REPAIRS	<input type="checkbox"/>	REROOFING	<input type="checkbox"/>	FENCING	<input type="checkbox"/>	CULVERT	<input type="checkbox"/>
COMMERCIAL	<input type="checkbox"/>	SIGN	<input type="checkbox"/>	MOBILE HOME	<input type="checkbox"/>	OTHER	<input type="checkbox"/>		

Total Square Feet Under Roof: _____ Estimated Valuation of Construction: _____

No. of Stories: _____ No. of Rooms: _____ No. of Baths: _____

Type of Exterior Walls: _____ Type of Roof: _____

List Flood Zone: _____ Length of Culvert _____

NAME AND ADDRESSES:

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ARCHITECT _____	ROOFING _____
CONTRACTOR _____	CONCRETE _____
ELECTRICAL _____	PAINTING _____
PLUMBING _____	BRICK _____
HEATING & A/C _____	OTHER _____

PLANS & SPECIFICATIONS	YES	NO
STATE FIRE MARSHAL APPROVAL	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

This permit, if issued, is subject to the express condition that all of the building and zoning ordinances of the Town of Abita Springs shall be complied with. All trash and debris from this operation must be disposed of at the owner's expense. It is understood that all contractors/specialists in connection with this construction shall apply for an occupational license with the Town of Abita Springs. If an occupational license has been applied for, please attach copies. All commercial buildings must have approval from the State Fire Marshal's Office attached. Plot plan, architectural plans, and survey must also be submitted.

APPROVAL DATE: _____ BUILDING INSPECTOR: _____

APPROVAL DATE: _____ FIRE MARSHAL: _____

APPROVAL DATE: _____ ZONING BOARD (COMMERCIAL): _____

PERMIT NO.: _____ PERMIT AMOUNT DUE: _____ INSPECTIONS: _____

GAS/WATER/SEWER CONNECT FEE: _____ IMPACT FEE: _____ CULVERT FEE: _____

DATE PAID: _____ RECEIPT NO.: _____ TOTAL: _____ CHECK NO.: _____

*SUBMIT PLOT PLAN INCLUDING LOCATION OF BUILDING ON SITE, TREES ON SITE, AND TREES TO BE REMOVED.

White - Applicant's Copy

Yellow - Office Copy

Pink - Assessor's Copy