



# Building Agreement

-Office Use Only-	
Received in Office By:	_____
Date:	_____
Permit #:	_____

## UNDERSTANDING OUR CODE OF ORDINANCES AS IT PERTAINS TO CONSTRUCTION IN TOWN LIMITS

### PLEASE INITIAL

#### WORKING HOURS

Construction work that requires excessive levels of noise that causes a disturbance for neighboring residents shall be restricted to working hours beginning no earlier than 7:00 a.m. and ending no later than 7:00 p.m., Monday through Saturday and between the hours of 9:00 a.m. and 5:00 p.m. on Sundays.

[Sec. 7-404. - Disturbing the peace.](#)

\_\_\_\_\_

#### TREE REQUIREMENTS

I have read and understand the tree policy regarding planting. I understand that I will need to plant the number of trees equaling the total square footage of property x .0006.

\_\_\_\_\_

#### TREE PROTECTION

I have read and understand the tree policy regarding tree protection. I understand that I will need to erect appropriate fencing around trees being kept as laid out in the approved tree plan.

\_\_\_\_\_

#### UTILITY LINE EXTENSION FEES

I understand that I am responsible for utility line extension fees which may occur during the construction of this permitted structure. These fees must be paid prior to the RECEIPT of a "Certified to Occupy"

\_\_\_\_\_

#### STORMWATER AGREEMENT

I understand that I am responsible for sediment control at my construction site.

[Sec. 6-202. - Use of sewers.](#)

\_\_\_\_\_

#### CULVERTS

I understand that all culverts for residential customers must be to the specifications of the town.

[Sec. 11-103. - Residential use.](#)

\_\_\_\_\_

#### 811; DIG SAFELY

I have received, read, and understand the flyer regarding calling 811 before I dig or move earth.

\_\_\_\_\_

#### EXPIRATION OF BUILDING PERMIT

Building permits are issued for 1 year. Renewal requires repayment of building permit fees.

\_\_\_\_\_

#### HOMES ON SEPTIC

A permit is required from the Environmental Services Dept. on the 2nd floor of the St. Tammany Parish Government Bldg. at 21454 Koop Dr., Bldg. B, Ste. 1A, Mandeville. Hours: 8-10am (985) 893-6296.

\_\_\_\_\_

**I have reviewed the above information and understand that I am responsible for following the Town of Abita Springs Code of Ordinances.**

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Name

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date