

Planning And Urban Development

P.O. Box 123, Monroe, La 71210



Commercial/Residential Building Permit Application

All Projects (please print or type)

Commercial Residential

| | | | |
|--|----------------------------|---|---|
| DATE | | Certificate Of Occupancy # | |
| OCCUPANT (REQUIRED) | | SUBMITTED BY | |
| PROJECT ADDRESS | | UNIT/APT# | CONTACT PHONE |
| CITY | ZIP | PARISH | HISTORIC DISTRICT <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TYPE OF STRUCTURE <input type="checkbox"/> RETAIL <input type="checkbox"/> RESTURANT <input type="checkbox"/> OFFICE <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> REPAIR <input type="checkbox"/> GARAGE <input type="checkbox"/> POOL <input type="checkbox"/> FENCE <input type="checkbox"/> SIGNS <input type="checkbox"/> OTHER IF OTHER, EXPLAIN | | | |
| SCOPE OF PROJECT (CHECK ONE) <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL <input type="checkbox"/> ROOFING <input type="checkbox"/> MOVING <input type="checkbox"/> SIGNS <input type="checkbox"/> OTHER IF OTHER, EXPLAIN | | | |
| PRESENT OCCUPANCY | # OF STORIES | # OF ROOFING SQUARES | |
| PROPOSED OCCUPANCY | TOTAL SQUARE FOOTAGE | NAME OF THIRD PARTY PLAN REVIEWER Phone # _____ | |
| COST OF PROJECT \$ _____ | APT. UNIT #s in this Bldg. | FIRE MARSHAL APPROVAL LETTER <input type="checkbox"/> PO # _____ <input type="checkbox"/> EXEMPT | |
| SUBDIVISION | BLOCK/LOT | TRACT | SQ FT ADDED |

Responsible Parties (as applicable)

| OWNER (required) | ADDRESS | CITY | STATE | ZIP | PHONE |
|-----------------------|---------|------|-------|-----|-------|
| | | | | | |
| CONTRACTOR (required) | ADDRESS | CITY | STATE | ZIP | PHONE |
| | | | | | |
| ENGINEER | ADDRESS | CITY | STATE | ZIP | PHONE |
| | | | | | |
| ARCHITECT | ADDRESS | CITY | STATE | ZIP | PHONE |
| | | | | | |
| OTHER | ADDRESS | CITY | STATE | ZIP | PHONE |
| | | | | | |

Other Remarks

Commercial

New Construction- Resident/Non-Resident Contractor must provide active Louisiana State Commercial License, Occupational License, Taxpayer Registration Certificate, and certificate of insurance showing general liability and workers compensation, State Fire Marshal Approval Letter(if applicable), and Third Party Plan Review (if applicable).

Remodeling / Less than \$50,000.00 – Resident/Non-Resident Contractor must provide Active Occupational License, Taxpayer Registration Certificate, Certificate Of Insurance, State Fire Marshal Approval Letter (If applicable), and Third Party Plan Review (If applicable).

Remodeling/project amount more than \$50,000.00- Resident/Non-Resident Contractor must provide active Louisiana State License, Occupational License, Taxpayer Registration Certificate, Certificate Of Insurance, State Fire Marshal Approval Letter (If applicable), and Third Party Plan Review (If applicable).

Residential

New Construction- Resident/Non-Resident Contractor must provide active Louisiana State Residential License, Occupational License, Taxpayer Registration Certificate, Certificate of Insurance, and Third Party Plan Review (If applicable).

Remodeling/ project over \$50,000.00- Resident/Non-Resident Contractor must provide active Louisiana State License, Occupational License, Taxpayer Registration Certificate, Certificate of insurance, and Third Party Plan Review (If applicable).

Remodeling/ project amount between \$7,500.00 - \$75,000.00 – Resident/Non-Resident Contractor must provide Home Improvement Contracting Certificate by the state of Louisiana, Occupational License, Taxpayer Registration Certificate, General Liability Insurance, and Third Party Plan Review (If applicable).

If project is less than \$7,500.00 – Resident/Non-Resident Contractor must provide active Occupational License, Certificate of Insurance, Taxpayer Registration Certificate, and Third Party Plan Review (If applicable).

Homeowners – Must provide copies of your last three months of utility bills to show proof of residency. Also if your renovation/remodel exceeds the amount of \$7,500.00 you must fill out and notarize an *Affidavit Claiming Exemption From Licensure* form, and Third Party Plan Review (If applicable).

By signing below, I certify the information above to be true and correct

PRINT NAME OF APPLICANT _____ APPLICANT SIGNATURE _____

APPLICANT IS OWNER AGENT

(DOCUMENT DESIGNATING AGENT'S AUTHORITY MUST BE ATTACHED)

For more information or assistance please call Inspections Division at (318) 329-2214 or (318) 329-2351.

OFFICE USE ONLY

Prepared By:

Issued Date:

Permit Number: