

PARISH OF ASCENSION

BUILDING DEPARTMENT



Office Trailer Application

Project # _____

Please provide **ALL** the following information for review.

Date: _____ Time: _____ Applicant's Name: _____

Owners Name: _____ E-Mail: _____

Municipal Address: _____ Telephone Number: _____

Subdivision: _____ Electrical Provider: _____

Total Square Footage: _____ Will it be located in a Flood Zone? Y N

Notice: Any information written on this application becomes public record.

Project Information

Will Gas Be Hooked to the Office Trailer? Y N

Electrical

Service size: _____ Service location: On building _____ On Pole _____

Mechanical

Window units: _____ Air Handler and Condensing Unit: _____

Sewer

Connecting to site sewer system: _____ Using collection system with cleaning contract: _____

PARISH OF ASCENSION

BUILDING DEPARTMENT



Contractors Performing Utility Work

Electrician: _____ Parish License # _____

Mechanical: _____ Parish License # _____

Plumber: _____ Parish License # _____

To be filled out by Parish Employee

Required Documents for Plan Submittal

Flood Zone Approval _____ Site Plan _____ Fire Marshal Approval _____

Sewer Approval _____ Gas Diagram (If Gas is Installed) _____ Electrical Diagram _____

Floor Plan Layout of Office Trailer _____ **Payment Information** _____

Employee's Initials _____ **Project #** _____