

PARISH OF ASCENSION

OFFICE OF PLANNING AND DEVELOPMENT
BUILDING DEPARTMENT



Office Trailer Application

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: _____

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<u>Contractors Performing Utility Work</u>		
Electrician: _____	Parish License # _____	
Mechanical: _____	Parish License # _____	
Plumber: _____	Parish License # _____	
<i>To be filled out by Parish Employee</i>		
<u>Required Documents for Plan Submittal</u>		
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 # _____