PARISH OF ASCENSION

BUILDING DEPARTMENT



Residential Building Application Date:					
Permit # Project Address					
Please provide <u>ALL</u> the following information for review.					
Contractor/Applicant.					
Contractor/11p	priculto				
Name:	Address:				
Phone:	City:				
Email:	State, Zip:				
Dilluii.	State, 21p				
Property Owne	er Same as above Power Company Entergy Demco Demco				
Nama:	Phone:				
Name.	THOIC				
City:	State, Zip:				
Email:	Email: Address:				
Subdivision:	Lot Number:				
Subdivision Lot Number					
Notice: Any information written on this application becomes public record.					
Notice: Please be aware of the Parish Drainage Ordinance before Placing Fill					
Project Information					
Plans Submitted:	Digital Paper BFE Flood Zone				
<u>Fill Dirt Information</u>					
Is/Was fill required	for foundation? Y N If yes, how much? HeightFtIn				
Fill Area:	X Fill obtained: On site Off site				

PARISH OF ASCENSION

BUILDING DEPARTMENT



ProjectDescription:					
			2 nd Fl. Living		
Garage Num	ber of Bedrooms:	Numbers of Bath	18		
Contractors Performing Work					
Builder/GC:		Parish License #_	_ Parish License #		
Electrician:		Parish License #			
Mechanical:		Parish License #			
Plumber:		Parish License #_	Parish License #		
Payment Information/ Method					
Plan Review Payment					
Building Permit Payment					
Signature of Applicant:					
To be filled out by Parish Employee					
Required Documents for Plan Submittal					
Amount of Fill	Address Approval	Flood Zor	ne Approval		
Plot/Site Plan	Floor Plan	Foundation Plan	Elevations		
Braced Wall Plan	Electrical Plan_	Plumbir	ng Plan		
Mechanical Plan Energy Code Documents					
Payment Information Employee's Initials Project#					