

PARISH OF ASCENSION

BUILDING DEPARTMENT



Reroof Permit Application

Please provide ALL information below for review. This document will not be accepted if not complete.

Designation

Residential ___ Commercial ___

Project Location

Municipal Address: _____

State, Zip: _____ Unit #: _____ Subdivision: _____

Reroof Contractor/Applicant Information

Name: _____ Phone: _____

Municipal Address: _____

State, Zip: _____

State License Number: _____

Property Owner

Name: _____ Phone: _____

Email: _____

Required Documents

1. Signed Contract
2. Material List
3. Active Parish License Registration

Signature: _____

I am the authorized agent/ owner of subject property. I have read and understood the above stipulations and I agree to comply with all standards as required by the codes and regulations as set forth in local and state law.