



ST. TAMMANY PARISH
PATRICIA P. BRISTER
PARISH PRESIDENT

Revised 10/9/2018

REQUIREMENTS FOR COMMERCIAL PLAN REVIEW

- Completed Permit Application
- Assessment # / Parcel #(10 digit number from Assessor's Office (985) 809-8180 www.stpao.org)
- Legal Description of Property (recorded copy of title, deed, cash sale)
- Lease (if applicable)
- Survey of property (Including Flood Zone)
- Department of Planning & Development review and land clearing permits (985-898-2529)
- Department of Environmental Services review (985-898-2529)
- Department of Planning & Development - Engineering review (985-809-7448)
- Flood Zone review (985-898-2574)
- 911 Addressing (985-898-4911)
- Stormwater Agreement and Stormwater Site Plan
- Louisiana State Fire Marshall Review Letter (1-800-256-5452)
- Louisiana State Board of Health review (985-893-6296)
- State Highway Department Approval (State Roads only)
- State Licensed General Contractor (Must be registered with St Tammany Parish)
- Complete set of stamped plans-including all riser diagrams (must have live stamp); in electronic PDF format
- Completed Sheriff's Job Registration form

Fee Schedule (All fees are due at the time of application)

*A 3% processing fee will be added to all credit card/e-check Transactions as per STP Ord. No. 18-3961, effective October 5, 2018.

- New Construction \$300.00 + 0.31 per sq ft (underbeam)
- Sign Permit \$300.00 + 0.31 per sq ft (of sign face)
- Site Work \$200
- Additions \$100.00 + 0.31 per sq ft (under beam)
- Remodel \$85.00 + \$5.00 per 1000 or fraction thereof.
(*Contract amount)
- Plan Review \$150.00 + 0.01 per sq ft (under beam)



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Revised 4/18/18

COMMERCIAL PERMIT APPLICATION

PROJECT INFORMATION:

PERMIT #: _____

Address: _____

City/ State/ Zip: _____

Assessment #: _____

PERMIT TYPE:

- | | | | |
|---|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Accessory | <input type="checkbox"/> Addition | <input type="checkbox"/> Cell Tower/ Colocate | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Modular | <input type="checkbox"/> New Construction | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Site Work <u>(See Below)</u> | <input type="checkbox"/> Remodel | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Shell Only |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Temporary | | |
| <input type="checkbox"/> Other _____ | | | |

SITE WORK:

- | | | | | |
|---|---|--|--------------------------------------|--|
| <input type="checkbox"/> <u>Grading</u> | <input type="checkbox"/> <u>Utilities</u> | <input type="checkbox"/> <u>Paving</u> | <input type="checkbox"/> <u>Fill</u> | <input type="checkbox"/> <u>Excavation</u> |
|---|---|--|--------------------------------------|--|

Scope of Work:

DESIGNED OCCUPANCY CLASSIFICATION PER IBC:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Assembly (A1 – A5) | <input type="checkbox"/> Institutional (I1-I4) | <input type="checkbox"/> Business (B) | <input type="checkbox"/> Mercantile (M) |
| <input type="checkbox"/> Education (E) | <input type="checkbox"/> Residential (R1- R4) | <input type="checkbox"/> Factory / Industry (F1, F2) | |
| <input type="checkbox"/> Storage | <input type="checkbox"/> High Hazard (H1 – H5) | <input type="checkbox"/> Utility and Misc. (U) | |

PERMIT INFORMATION:

- | | |
|---|--|
| <input type="checkbox"/> Total Square Footage (Building): _____ | <input type="checkbox"/> Construction Cost: _____ |
| <input type="checkbox"/> Number of Stories: _____ | <input type="checkbox"/> Elevator: Y or N |
| <input type="checkbox"/> Total Square Footage (Sign): _____ | |
| <input type="checkbox"/> Water: Central / Individual | <input type="checkbox"/> Sewer: Central / Individual |

- Electric Company: _____
 Refrigeration: Y or N

Mechanical Hood: Y or N

OWNER INFORMATION:

Name: _____ Phone: _____
Address: _____ Cell: _____
City: _____ Fax: _____
State: _____ Zip Code: _____ Email: _____

CONTRACTOR INFORMATION:

(please check one of the following forms of notification)

Name: _____ Phone: _____
Address: _____ Cell: _____
City: _____ Fax: _____
State: _____ Zip Code: _____ Email: _____

DESIGN PROFESSIONAL:

Name: _____ Phone: _____
Email: _____ Fax: _____

ARCHITECT / ENGINEER:

Name: _____ Phone: _____
Email: _____ Phone: _____

Checklist of Information Submitted by the Applicant for Department of Planning & Development

- Completed Building Permit Application
- Recorded copy of Title, Deed or Cash Sale and/or Lease
- Survey of Property
- Board of Health Review Letter
- State Fire Marshall Review Letter PO# _____
- Site Plan
- Completed Set of Construction Documents including Riser Diagrams (Electronic PDF copy)
- Geotechnical / Soil Bearing Report
- Other _____

FEES:

Permit Fees: _____ Plan Review Fees: _____
Payment Method: _____ Total Fees: _____

1. I acknowledge that this permit application shall be deemed to have been abandoned 90 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the director is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.
2. I acknowledge that this permit becomes invalid unless the work on the site authorized by such permit is commenced within 180 days after its issuance, or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced or is not completed within two (2) years of issuance of the permit. I have read and examined this application in its entirety and have completed the appropriate sections of this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. The proposed work is authorized by the owner of record and that I am or have been authorized by the owner to make this application as the authorized agent and agree to conform to all applicable laws of this jurisdiction
3. I acknowledge that if the property is within a Flood Hazard Area, upon completion of the project and prior to the availability of a Certificate of Occupancy from St. Tammany Parish, an Elevation Certificate, signed and stamped by a licensed Land Surveyor or P. E. shall be submitted to the St. Tammany Parish Flood Administrator.
4. I acknowledge that it is the contractor's responsibility to ensure that a stamped set of "Approved" plans by St. Tammany Parish is required to remain on the jobsite throughout construction. It is the contractor's responsibility to obtain a copy of such plans from St. Tammany Parish Department of Permits, the Professional of Record, or the owner.

I understand that Permit Fees are Non-Refundable or Transferable

Signature: _____ Date: _____



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4-18-2016

Request for address directions to jobsite

Permit Number: _____ Date: _____

Customer Name: _____

Phone Number: _____

- Eastern St Tammany
- Lacombe Area
- Western St Tammany

DESCRIBE IN DETAIL DIRECTIONS TO YOUR JOB SITE:

Indicate nearest intersection, major highways, any landmarks, nearest municipal address, and even or odd side or street etc. Please use North, South, East and West when describing directions.

Street _____

Subdivision _____

Directions _____

Failure to complete the above information will result in delay of permit issuance