



ST. TAMMANY PARISH
PATRICIA P. BRISTER
PARISH PRESIDENT

Revised 9/13/17

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 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
- Check for plan review and permit fees

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

- New Construction \$140.00 + 0.21 per sq ft (underbeam)
- Sign Permit \$140.00 + 0.21 per sq ft (of sign face)
- Site Work \$200
- Additions \$100.00 + 0.21 per sq ft (under beam)
- Remodel \$85.00 + \$5.00 / \$1000.00 of contract amount
- Plan Review \$150.00 + 0.01 per sq ft (under beam)



ST. TAMMANY PARISH

PATRICIA P. BRISTER
PARISH PRESIDENT

Revised 8/28/17

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 | <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 _____ | | | |

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 |
| <input type="checkbox"/> Electric Company: _____ | <input type="checkbox"/> Mechanical Hood: Y or N |
| <input type="checkbox"/> Refrigeration: 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.
- 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 becomes null and void if work of construction authorized is not commenced within 180 days at any time after work is commenced. 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.
2. 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, and Elevation Certificate, signed and

stamped by a Licensed Land Surveyor or P.E., shall be submitted to the St Tammany Parish Floodplain Administrator.

3. 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 the St Tammany Parish Permit office, the Professional of Record or the owner.

Signature: _____ **Date:** _____

