



Pat Brister
Parish President

Revised 10-02-12

St. Tammany Parish Government

Department of Development

P. O. Box 628

Covington, LA 70434

Phone: (985) 898-2574 or (985) 646-4166

Fax: (985) 898-2785 or (985) 646-4174

permits@stpgov.org

REQUIREMENTS FOR COMMERCIAL PLAN REVIEW

- Completed Permit Application
- Assessment # / Parcel #(10 digit number from Assessor's Office 985-809-8180 [ww.stassessor.org](http://www.stassessor.org))
- Legal Description of Property (title, deed, cash sale)
- Lease (if applicable)
- Survey of property (Including Flood Zone)
- Department of Development review and land clearing permits (985-898-2529)
- Department of Environmental Services review (985-898-2535)
- Department of Engineering review (985-898-2552)
- 911 Addressing/Flood Zone review (985-898-2532)
- Louisiana State Fire Marshall Review Letter (1-800-256-5452)
- Louisiana State Board of Health Review Letter (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); preferably in electronic PDF format
- Completed Sheriff's Job Registration form
- 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)
- 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)



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COMMERCIAL BUILDING 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"/> 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) | |

BUILDING INFORMATION:

- | | |
|--|--|
| <input type="checkbox"/> Total Square Footage: _____ | <input type="checkbox"/> Construction Cost: _____ |
| <input type="checkbox"/> Number of Stories: _____ | <input type="checkbox"/> Elevator: Y or N |
| <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 Permitting

- Completed Building Permit Application
- 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 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: _____



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11-01-2012

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



CONTRACTOR'S JOB REGISTRATION



Sales & Use Tax Department
P.O. Box 1229 • Slidell, LA 70459
(985) 726-7786 • (985) 726-7787 • (985) 726-7788

BUILDER'S TRADE NAME: _____
(Full Name as Displayed on Signs/Advertising)

LEGAL NAME: _____

LEGAL TYPE: Sole Proprietor Corporation Partnership LLC Self-Build

CONTRACTOR'S LICENSES: LA # _____ St. Tammany Occupational # _____

BUILDER'S ADDRESS: Street _____
City/State/Zip _____
Telephone # _____

TOTAL COST or CONTRACT AMOUNT for Completed Structure: \$

Construction **TYPE:** New Renovation Addition Other: _____

Construction **CLASSIFICATION:** Residential
 Commercial _____
(Name of Project/Business)

JOBSITE ADDRESS: Subdivision _____
Street _____
City _____
Unit/Lot # _____

Will building materials or equipment be purchased or brought in from outside St. Tammany Parish and used in this project?
 Yes No

If **YES**, list **Out-of-Parish Suppliers, Supplier Location, & Material Provided:**

If you answered **NO** and this situation changes, notify this Authority before goods are delivered in this parish, or verify supplier is registered to collect taxes for St. Tammany Parish by calling our office at (985) 726-7777. **All materials are subject to 4.75% - 5.75% St. Tammany Parish Sales and/or Use Tax.** THIS REGISTRATION IS NOT ASSIGNABLE OR HERITABLE AND IS VALID FOR THIS JOB ONLY. BY SIGNING BELOW, I CERTIFY THAT ALL STATEMENTS CONTAINED HEREIN ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: _____ Title: _____ Date: _____