

**BUILDING PERMIT APPLICATION
CITY OF HAMMOND**

PERMIT # _____

FILING DATE: _________

NOTE: Failure to receive a City approved building, sign, fence, land clearing and/or fill permit or other required permit before work is begun, will result in a stop work Order and a doubling of the appropriate permit's fees, and the City may require removal of work begun and/or monetary fines. Building permits must be displayed or available to City staff on a construction site. **ONE BUILDING PER PERMIT APPLICATION.**

*** THE ASTERISK INDICATES REQUIRED INFORMATION.**

APPLICANT NAME: * _____
First Name MI Last Name

COMPANY NAME: * _____ * Owner Contractor Other

Applicant Mailing Address: * _____
Street Address or P.O. Box City State Zip

Applicant's Telephone Numbers: * (_____) _____ (_____) _____

SITE LOCATION: * _____
Street Address and/or Subdivision Name & Lot Number

Where did you get this address? Post Office City Building Dept. 911 Office Other _____
Please specify.

PROPERTY OWNER NAME: * _____
First Name MI Last Name

COMPANY NAME: * _____

Owner Address: * _____
Street Address or P.O. Box City State Zip

Owner's Telephone: Numbers * (_____) _____ (_____) _____

CONTRACTOR NAME: * _____
First Name MI Last Name

COMPANY NAME: * _____

CONTRACTOR TYPE: * _____ LOUISIANA STATE # _____ Exp.Date ___/___/___

Address: * _____
Street Address or P.O. Box City State Zip

Contractor's Telephone Numbers: * (_____) _____ (_____) _____

PERMIT INFORMATION-Description

CONSTRUCTION TYPE (CIRCLE ALL THAT APPLY):

Residential: New Addition Renovation Repair Roofing Other _____
Commercial: New Addition Renovation Repair Roofing Other _____

FLOOR AREAS: Living Space * _____ / Total Sq. Feet * _____ **CONSTRUCTION VALUE:** \$ * _____

PROJECT DESCRIPTION: * _____

SEE REVERSE FOR ADDITIONAL INFORMATION →→→→

ATTENTION: APPLICANT

Please read the following and sign to complete this application. Separate permits are required for Electrical, Plumbing, Heating, Ventilating, or Air Conditioning. This permit becomes null and void if work or construction authorized is not commenced within six (6) months OR if construction or work is suspended or abandoned for a period of six (6) months at any time after work is commenced.

The applicant shall not begin work until the permit application is approved and signed by the appropriate City official.

I hereby certify that I have read and examined 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 permit does not presume to give all authority to violate or cancel the provision or any other state or local law regulating construction or performance of construction.

X _____
Signature of Owner OR Agent Date _____

X _____
Signature of Contractor Date _____

APPLICATION MUST BE SIGNED & DATED OR IT CANNOT BE PROCESSED

*******FOR OFFICIAL USE ONLY—APPLICANT DO NOT WRITE BELOW THIS LINE*******

FLOOD ZONE:		
Zoning <u>Requiring</u> Elevation Certificate:	A	AE AO AH Other _____
Zoning <u>Not Requiring</u> Elevation Certificate:	C	X
FLOODWAY: <input type="checkbox"/> YES <input type="checkbox"/> NO	If subdivision, verify LOT # _____.	
ZONING:	AL B1 B2 C1 C2 C3 C4 C4A H I L R4 R5 R5S R8 R11 RA RP RS S	
PARCEL# _____		
RESIDENTIAL UNIT TYPE:		
<input type="checkbox"/> Boarding House	<input type="checkbox"/> Childcare Facility	<input type="checkbox"/> Condominiums
<input type="checkbox"/> Convent/Rectory/Monastery	<input type="checkbox"/> Group Facility**	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Multi-Family Housing (Apartments)	<input type="checkbox"/> Single-Family Dwelling	<input type="checkbox"/> Two-Family Units (Duplex)
<input type="checkbox"/> Other (Please specify): _____		

Building Official, or Building Inspector City of Hammond Date _____
SIGNATURE INDICATES APPROVAL

✓	FEES FOR NEW CONSTRUCTION & ADDITIONS	TOTAL SQ FT		FEE PER SQ. FT.	FEE
	CHURCH		x	.15	
	COMMERCIAL-New Construction & Additions		x	.15	
	COMMERCIAL-Parking & Overlays		x	.01	\$50.00
	COMMERCIAL FENCE	n/a		n/a	\$50.00
	RESIDENTIAL FENCE	n/a		n/a	\$10.00
	RESIDENTIAL-New-Single Family Construction & Addn		x	.08	
	RESIDENTIAL-Multi-Family & Duplexes Construction/Addn		x	.15	
	PORTABLE SHED	n/a			\$25.00
	SCHOOL		x	.15	
	SWIMMING POOL (In-ground)	n/a		n/a	\$25.00
	SPECIAL SEWER ASSESSMENT (IMPACT) (See Ordinance)	_____ Linear Ft.	x		
TOTAL NEW CONSTRUCTION FEES➔					
	FEES FOR RENOVATION	CONSTRUCTION VALUE			FEE
	RESIDENTIAL- Renovation/Repair/Roofing	\$0-\$10,000	-	n/a	\$30.00
	RESIDENTIAL- Renovation/Repair/Roofing	\$10,001 & above (after first \$30)	x	\$5 per thousand	
	COMMERCIAL-Renovation/Repair/Roofing	\$0 - \$10,000	-	n/a	\$50.00
	COMMERCIAL-Renovation/Repair/Roofing	\$10,001 & above (after first \$50)	x	\$5 per thousand	
	LANDSCAPE ONLY	n/a		n/a	\$10.00
TOTAL RENOVATION FEES➔					
	REINSPECTION	\$50.00	x	per insp.	
FEES PAID <input type="checkbox"/> PAID CASH <input type="checkbox"/> PAID CHECK # _____ DATE PAID / / _____					