LOT/LAND FILLING OR CLEARING APPLICATION CITY OF HAMMOND

219 East Robert Street, HAMMOND, LA 70401 / PHONE (985) **277-5640**

FILING DATE:/	PERMIT	RMIT#		
APPLICANT NAME: First Name			Owner	Other
COMPANY NAME:				
Applicant Address:St. Name & # or PO l	Box City	State	Zip	
Applicant Phone #: ()Email:				
	Please verify address			
SITE ADDRESS:Street #/Street Na			[Attach	Site Plan]
Where did you get this address? DPost Office Legal Description:	D City Building Dept.	D 911 Office D	Other	
# Acres to be cleared:				
Intended Use of Property:				
+++++++++++++++++++++++++++++++++++++++	+++++++++++++	++++++++++	++++++++	++++++
PROPERTY OWNER: First Name				
First Name COMPANY NAME:	MI	Last Name		
Property Owner Address:				
Property Owner Phone #: ()	Email:			
CLEARING CONTRACTOR NAME:				
	First Name	MI	Last Name	e
Address: St. Name & # or PO Box	City	State	Zip	
	·	Email:		
Phone #: () NSPECTOR'S INITIALS: PRE INSPECTOR	 ΓΙΟΝ	POST INSPECTION		
PPLICANT PLEASE READ & SIGN BEI This permit applies to land clearing ngle-family uses in "A" flood zones. It may in relation to site clearing with no immed overning the removal of live oaks. * Please attach a survey of the prodicating the location of any live oak trees (a gnificant trees measuring over 7 inches calipe NOTE: Please refer to City Ordinar nd, "buffer zones" and the submittal of lands The applicant shall not begin work oppropriiate City Official.	of all sites for con y be related to new diate construction. operty, if available, and indicate if any oper at chest height. We need in reference to caping and fill plans	construction, major Applicant must of erosion control of the live oak tree will review for the full regulation.	or renovation of comply with C measures, and es will be remo which ones can ons concerning	or existing so a simple poved) and of the kept. the clearing
APPLICANT SIGNATURE		DATE		_
AFFLICANI SIGNATUKE		DAIE		
BUILDING OFFICIAL		DATE		<u> </u>