

**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

Total number of buildings currently on this one lot \* \_\_\_\_\_.

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:** \$ \* \_\_\_\_\_

**NUMBER OF UNITS** \* \_\_\_\_\_ *A single family residence is 1 unit.*

**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 Requiring Elevation Certificate: A AE AO AH Other \_\_\_\_\_  
 Zoning Not Requiring Elevation Certificate: C X  
**FLOODWAY:**  YES  NO If subdivision, verify LOT # \_\_\_\_\_  
**ZONING:** RS-11 RS-8 RS-5 RM-2 RS-3 R.11.A RM-3 MX-N MX-C MX-CBD C-N  
 C-H C-R I-L I-H S-1 S-2 S-3 I RP SC PUD  
**OVERLAY DISTRICT:** Thomas/Morris Overlay Hyer-Cate Overlay Iowa Addition Overlay Historic District DDD  
**PARCEL#** \_\_\_\_\_

**RESIDENTIAL UNIT TYPE:**  
 Boarding House  Childcare Facility  Condominiums  
 Convent/Rectory/Monastery  Group Facility\*\*  Hotel/Motel  
 Multi-Family Housing (Apartments)  Single-Family Dwelling  Two-Family Units (Duplex)  
 Other (Please specify): \_\_\_\_\_  
**\*\*Please state name of GROUP FACILITY:** \_\_\_\_\_

\_\_\_\_\_  
**Building Official, City of Hammond**  
 SIGNATURE INDICATES APPROVAL

\_\_\_\_\_  
 Date

✓	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		
<b>TOTAL NEW CONSTRUCTION FEES →</b>					
	<b>FEES FOR RENOVATION</b>	<b>CONSTRUCTION VALUE</b>			<b>FEE</b>
	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
<b>TOTAL RENOVATION FEES →</b>					
	<b>REINSPECTION</b>	<b>\$50.00</b>	<b>x</b>	<b>per insp.</b>	
<b>FEES PAID</b> <input type="checkbox"/> <b>PAID CASH</b> <input type="checkbox"/> <b>PAID CHECK #</b> _____ <b>DATE PAID</b> ___/___/___					