

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 →→→→

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.

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.

Date _____

Date _____

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

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: _____		

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	.15	\$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 ☐ PAID CASH ☐ PAID CHECK # _____ DATE PAID ____/____/____					