|   | WDECIDEX          |                     | DINC DI           | DAATT     |                                       | FION         |              |
|---|-------------------|---------------------|-------------------|-----------|---------------------------------------|--------------|--------------|
| OF GRAM NE  | W RESIDEN         |                     |                   |           | APPLICA                               | TION         |              |
|   |                   |                     | GRAMB             | LING      |                                       |              |              |
| 127 King Street   |                   |                     |                   |           |                                       |              |              |
| Grambling, LA 71245<br>Telephone (318) 247-6120 Fax: (318) 247-0940   |                   |                     |                   |           |                                       |              |              |
|   |                   |                     |                   |           |                                       |              |              |
| PROPERTY           Location:         Property Area (Sq. Ft)   |                   |                     |                   |           |                                       |              |              |
| Location:   | mar(s):           |                     |                   |           |                                       | ty Area (Sq. |              |
| Owner(s): Address: Corner lot □Yes □No<br>APPLICANT INFORMATION   |                   |                     |                   |           |                                       |              |              |
| Applicant:  □ Owner  □ Le   | ssee              |                     | gineer Other      | ATION     |                                       |              |              |
| Name:   | Title             |                     | Email:            |           | · · · · · · · · · · · · · · · · · · · | Cell #:      |              |
| Name:Address:   | City              | :                   | State:            | _ Zip:    | Phone #:                              | Fax#:        | -            |
|   |                   | CON                 | NTRACTOR          |           |                                       |              |              |
| Name:   | License           | Number:             |                   | Liabi     | ility Insurer:                        |              |              |
| Address:<br>Phone Number:<br>Elec. Sub-Contractor:  |                   |                     | City:             |           | State:                                | Zip:         |              |
| Phone Number:   | Cell:             | Fax:                | E                 | Email:    |                                       |              |              |
| Elec. Sub-Contractor:   | Plum              | bing Sub-Contrac    | tor:              |           | _HVAC Sub-Cont                        | ractor       |              |
|   | (Separate p       | permits are require | d for Electrical, | plumbing, | and HVAC)                             |              |              |
| m.10 p.11 b   | C                 |                     | NG FEATUI         |           |                                       | 0.1          | D            |
| Total Sq. Ft Under Ro   | ofH/C             | Sq. Ft              | # of Stories_     | Set       | backs: Front                          | Side         | Rear         |
| Building Frame: □ Wo  | od 🗆 Masonry 🗆    | Other               | Ro                | oof Type  | : Gable DHip                          | DFlat DOthe  | r            |
| Heating Fuel: DGas DI   | Electricity DOthe | r                   | Air Cond          | litioning | $: \Box Central \Box Oth$             | her:         |              |
| Rooms: #Bedrooms  | #Full ]           | Baths               | #Partial I        | Baths     |                                       |              |              |
| Est. Total Construction   | n Costs:          |                     |                   |           |                                       |              |              |
|   |                   |                     | ND PROCE          |           |                                       |              |              |
| Building Permit will no   |                   |                     |                   |           |                                       |              |              |
| Permit Fees do not include Plan Review or Inspection Fees which must be paid directly to the Building Officia                 |                   |                     |                   |           |                                       |              |              |
| Separate Water and Se   | wer Tap Fees are  |                     |                   |           | lities.                               |              |              |
|   |                   |                     | TIFICATION        |           |                                       |              |              |
| I acknowledge that this   |                   |                     |                   |           |                                       |              |              |
| 180 days after permit i   | ssued. I have rea | d this applicat     | ion in its entit  | ety and   | required attachi                      | ments and af | firm that al |
| are true.   |                   |                     |                   |           |                                       |              |              |
|   |                   |                     |                   |           |                                       |              |              |
| Signature   |                   | Printed N           |                   |           | Date                                  |              |              |
|   |                   | REQUIRED            |                   |           |                                       |              | ~            |
| □ Deed or Other Document showing Property Owner □ Consent of Property Owner □ Flood Elevation Certificate                     |                   |                     |                   |           |                                       |              |              |
| D Building Plan which shall include the site plan showing all dimensions, building setbacks, required parking,                |                   |                     |                   |           |                                       |              |              |
| loading, landscaping, fencing and buffer elements and identifies any utility or drainage servitudes.                          |                   |                     |                   |           |                                       |              |              |
|   |                   |                     |                   |           |                                       | c            |              |
| □ State Fire Marshal review letter □ La. Depart. of Health and Hospitals (DHH) approval, if necessary                         |                   |                     |                   |           |                                       |              |              |
| □ Certificate of Appropriateness from Grambling Historic Preservation District Commission if in District<br>□ Application Fee |                   |                     |                   |           |                                       |              |              |
| □ Application Fee<br>□ Certificate from Grambling Fire Dept.  |                   |                     |                   |           |                                       |              |              |
| Certificate from Gra  | noting Fire Dept  |                     |                   |           |                                       |              |              |
|   |                   |                     |                   |           |                                       |              |              |
|   |                   |                     |                   |           |                                       |              |              |

## OFFICIAL USE ONLY

 App. Rec'd \_\_/\_/ Fees Rec'd \_\_\_\_
 Permit Issued: \_/\_/\_

 Historic District: in District □Yes □No If Yes, Cert. of Appropriateness granted \_/ /\_
 P&Z: approved \_/ /\_

 Building Inspector: Plans sent for Review: \_/ /\_
 Plans Approved: \_/ /\_
 (Signature approving)

If the property is in the Grambling Historic Preservation District, all construction must be approved by the Grambling Historic Preservation District Commission prior to a permit being issued.

**RESIDENTIAL NEW CONSTRUCTION PERMIT FEE: \$450.00 + .10 per square foot**