

# DEVELOPMENT / BUILDING PERMIT

Grant Parish Permit Office  
 200 Main St. - Courthouse  
 Coifax, LA 71417  
 (318) 627-3333

VALID 12 MONTHS FROM  
 DATE OF APPLICATION ONLY

PERMIT # \_\_\_\_\_

PERMIT OFFICE \_\_\_\_\_

OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT # \_\_\_\_\_

SECTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_ PARCEL # \_\_\_\_\_

<p><b>OCCUPANCY USE:</b></p> <p>Assembly Group (A) _____</p> <p>Business (B) _____</p> <p>Education (E) _____</p> <p>Factory (F) _____</p> <p>High Hazard (H) _____</p> <p>Industrial (I) _____</p> <p>Mercantile (M) _____</p> <p>Residential (R) _____</p> <p>Storage (S) _____</p> <p>Utility (outbuilding) (U) _____</p> <p>Manufactured Home (MH) _____</p> <p>Electrical Service Connection _____</p> <p>Bldg Relocation _____</p> <p>Other _____</p>	<p><b>ROOFING:</b></p> <p><b>Scope of work:</b></p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Repair</p> <p><input type="checkbox"/> Re-roof</p>	<p><b>TYPE OF FRAME:</b></p> <p>Masonry (Wall bearing)</p> <p>Wood frame</p> <p>Structural Steel</p> <p>Reinforced Concrete</p> <p>Other _____</p>
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FIRE MARSHALL Project # \_\_\_\_\_

**MANUFACTURED HOME INFORMATION**

MH OWNER \_\_\_\_\_ MH PARK / LAND OWNER \_\_\_\_\_

HUD # \_\_\_\_\_ TAX ASSESSOR DECAL # \_\_\_\_\_

\_\_\_\_\_ SERIAL # \_\_\_\_\_ YEAR \_\_\_\_\_

MAKE / MODEL \_\_\_\_\_ SIZE \_\_\_\_\_ LOT # \_\_\_\_\_

**GENERAL INFORMATION**

<p>Number of Stories _____</p> <p>Number of Bedrooms _____</p> <p>Total Sq Footage _____</p> <p>Living Sq Footage _____</p> <p>Construction Value \$ _____</p> <p>Electrical Company _____</p> <p>Acct. # _____</p> <p>Anticipated Completion Date _____</p> <p>CONTRACTOR NAME or ELECTRICIAN: _____</p> <p>Address _____</p> <p>Phone # _____</p> <p>License # _____</p>	<p><b>TYPE OF HEATING FUEL:</b></p> <p>Gas _____</p> <p>Electricity _____</p> <p>Oil / Coal _____</p> <p>Other - Specify _____</p> <p><b>TYPE OF WATER SUPPLY:</b></p> <p>Public or Private Company _____</p> <p>Individual (well, etc.) _____</p>	<p><b>TYPE OF SEWERAGE DISPOSAL:</b></p> <p>Public or Private Company _____</p> <p>Individual (Septic / ATU) _____</p> <p>DHH Approval # _____</p> <p style="text-align: right;">(attach copy)</p> <p>Will there be central A/C? _____</p>
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Homeowners Affidavit Claiming Exemption from Licensure Signed & Notarized: \_\_\_\_\_

Camp Affidavit \_\_\_\_\_

**FLOOD ZONE INFORMATION**

<p>Flood Zone _____</p> <p>Map Panel # _____</p> <p>Map Date _____</p>	<p>Base Flood Elevation _____</p> <p>Top of Bottom Floor _____</p> <p>Lowest Adjacent Grade _____</p>	<p>Placement of Fill _____ Pier / Beam _____</p> <p>Located in Floodway? _____</p> <p>No Rise Certificate _____</p>
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Elevation Certificate: Construction Plans \_\_\_\_\_ Under Construction \_\_\_\_\_ Finished Construction \_\_\_\_\_

**REMARKS:**

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**APPLICANT SIGNATURE**

I, the undersigned, fully understand and agree to abide by the rules and regulations as outlined in the Grant Parish Building Codes and Permit Ordinance as amended; the Grant Parish Flood Damage Prevention Ordinance as amended, and all Parish & State Health regulations. The approval of this permit does not constitute an approval of any violation of any adopted construction codes; local, state, or federal laws.

Signature: \_\_\_\_\_ Application Date: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

COO Fee \$ \_\_\_\_\_

Paid by: cash / check \_\_\_\_\_

**APPLICATION WILL BE REVIEWED BY PERMIT OFFICIAL  
 BEFORE ISSUANCE OF PERMIT:**

Permit Official Signature: \_\_\_\_\_

Permit Issued: \_\_\_\_\_