



SAINT CHARLES PARISH
Department of Planning and Zoning
 P.O. Box 302 (14996 River Road) • HAHNVILLE, LOUISIANA 70057
 (985) 783-5060 • (985) 783-5000 • FAX (985) 783-6447

CHANGE OF OCCUPANCY/USE

Name / Tenant change.....\$25
 Use / Activity change.....\$105

(OFFICE SECTION)		Rev 02/2018
Permit #:	_____	Date: _____
Receipt #:	_____ Fee Paid: _____	Zoning: _____
Prev. Occ.:	_____ Prev. Use: _____	Vacancy: _____
Sq.Ft. for use:	_____ Req'd Parking: _____	Sewer permit: _____ No _____ Yes
Non-Conforming Agreement:	_____ No _____ Yes	Date: _____

Change of Occupancy permits are required only for a name or tenant change when use or activities remains the same.

Change of Use permits are required when the use or activities change at the address. The permit requires one or more inspections by the Building Official, South Central Planning & Development Commission.

Business Address: _____

New Business Name: _____

Applicant/Occupant: _____ Email: _____

Address: _____ Phone #: _____

Property Owner: _____ Email: _____

Address: _____ Phone #: _____

Description of *all* business activities that will occur at the address: _____

Requirements for obtaining permit:

- _____ 1. Completed application & fee.....(payable to "St. Charles Parish Department of Finance")
- _____ 2. Copy of lease or Act of Sale to property..... (Lease must indicate the correct address)
- _____ 3. Fire Marshal Inspection Report.....(call 504-568-8506 for a "General Inspection")
- _____ 4. Dept. of Health & Hospital's Certificate.....(for food, drink and pre-packaged food sales 985-764-4376)
- _____ 5. Sewer verification.....(for municipal sewer tie-in: 985-783-5100 for private sewer service: 985-764-4376)
- _____ 6. Site plan, if applicable.....(Change of Use, vacant over 6 months ect.)

Additional requirements may include the following:

- _____ 7. Contract from hazardous waste hauler, if applicable.....(Ex. automotive repair)
- _____ 8. Permits/certifications from state agencies, if applicable.....(Ex. DEQ, Cosmetology Board)
- _____ 9. Electrical Trade Permit..... (if the electric meter was removed or electrical modification planned)
- _____ 10. Commercial Renovation Permit.....(If renovations are planned)
- _____ 11. Sign Permit, if applicable.....(call 985-783-5060 for a determination)

Final Occupancy issued after the following approvals (if required):

Fire Marshall approval, Dept. of Health & Hospitals Permit approval, other State or Federal agency's approval and Building Code Inspection approval for all Change of Uses, Trade Permits or Commercial Renovations (Call South Central Planning & Development at 985-655-1070 to schedule required inspections)

**Upon successful completion of this process a Certificate of Occupancy will be issued by the St Charles Parish Planning & Zoning Dept. The Certificate of Occupancy shall be presented to the St. Charles Parish Sales & Use Tax Office (985-785-3125) for a Sales Tax ID # and the St. Charles Parish Sheriff's Office Division of Tax Collection & Licenses (985-783-6237) for issuance of the business license.

Permit Conditions/Comments: _____

Applicant signature: _____ Date: _____

Application taken by: _____ Date: _____

Approved by: _____ Date: _____



South Central Regional Construction Code Council
5058 W. Main Street Houma, Louisiana 70360
P.O. Box 1870, Gray, Louisiana 70359
Toll Free at 1-866-95-PERMIT or (985) 655-1070

MyPermitNow.Org

SCPDC CHANGE OF OCCUPANCY / CERTIFICATE OF OCCUPANCY CHECK LIST

Applicant's Name: _____

Applicant's Phone Number (s): _____

Project Address: _____

Applicable Building Codes:

- | | |
|------|---|
| IBC | 2015 International Building Code |
| IPC | 2015 International Plumbing Code |
| IMC | 2015 International Mechanical Code |
| IEBC | 2015 International Existing Building Code |
| NEC | 2014 National Electrical Code |

NOTE: If renovations/alterations are proposed that involve new construction, repairs or relocation of any walls, doors, windows, roof coverings, electrical, mechanical or plumbing, a commercial renovation permit is required.

The following information needs to be provided for all Change of Occupancy and/or Certificate of Occupancy permits:

Building and Planning information: *(Provide the following if not already indicated within any drawings that may have been provided)*

___ Gross Area of Leased Space *(approximate square footage of the owned/leased total space)* _____

___ Gross Building Area *(IF KNOWN please provide approximate square footage of total building area including areas not owned/leased)* _____

___ Number of Existing Parking Spaces *(provide brief description of number of off-street parking stalls assigned to space and if any are to be added)* _____

___ Previous Occupancy Use *(Please provide to the best of your knowledge a brief description of previous building use, i.e. office, office/warehouse, repair shop, etc... and/or type of previous business activities)*

___ Proposed Occupancy Use *(Provide brief description for new use of building i.e. office, hair salon, restaurant, automotive shop, retail, storage etc.)* _____

___ Number of Existing Restrooms _____; Number and type of fixtures in each if more than one set in each restroom

___ Number of Existing Drinking Fountains (if provided) _____

___ Existing Building Type Construction: *(Provide brief description of existing building type construction, i.e. wood framing and/or metal/steel, masonry, etc., or combination thereof)* _____

___ Storage areas / Occupancy: *(Provide brief description of types of items to be stored)* _____

___ Floor Plan *(Please provide if available at time of application)*. NOTE: Although a floor plan will NOT always be required (i.e. office use to office use or retail to retail etc. –same use), depending on the previous and new occupancy use, one may be required. In order to reduce review and approval time we recommend providing one if already available.

Renovations: *(The following information is required if applicable; see note in bold at beginning of this check list)*

___ Scope of work: *(Provide brief description of renovations to be done.)*



ST. CHARLES PARISH

PLANNING AND ZONING

MATTHEW JEWELL
PARISH PRESIDENT

St. Charles Parish currently utilizes South Central Planning and Development Commission for plan review and on-site inspection services. The permit and inspection fees charged by Planning and Zoning include these services. If you choose to hire a third party inspector, the fees charged remain the same.

Please notify the permit department upon submission if you have chosen to use a third party inspector.

For access to third party inspectors approved in Louisiana, please go to

lasfm.louisiana.gov/search/succ.aspx.

_____ I understand that the plan review and inspection fees are not adjusted when a third party inspector is hired.

_____ I understand that SCPDC reserves the right to review the building plans and conduct on-site building inspections at their discretion.

_____ I understand that when a third party inspection company is utilized, SCPDC will no longer inspect the site as the designated building inspector.

Signature

Date

Approved by:

Date



St. Charles Parish
Department of Planning & Zoning
HOME OCCUPATION PERMIT

OFFICE USE	
Submittal Date	_____
Received By	_____
Receipt #	_____
Case #	_____
Admin	<input type="checkbox"/>
Commission	<input type="checkbox"/>

APPLICANT INFORMATION

Name: _____
 Home Address: _____
 Mailing address (if different): _____
 Phone: _____ Email: _____

BUSINESS INFORMATION

Business Name: _____
 Description of proposed business/business activities: _____

Are state or federal permits/licenses required for your proposed business? YES NO

- If YES, please list the agency/office involved: _____

*Business requiring specialized state or federal permitting/licensing/etc. are forwarded to the Planning Commission.

Additional Employees? YES NO If YES, how many? _____

Will customers/clients visit the residence for business purposes? YES NO

Any vehicles, trailers, equipment, materials, etc. used exclusively for business purposes? YES NO

- If YES, list those items below and include the location for where they will be parked/stored.

APPLICATION CHECKLIST (review process does not begin until all items below are submitted):

- _____ 1. Completed application, with notarized endorsement of all property owners (IF APPLICABLE)
- _____ 2. Act of Sale or Deed to the property (copies available at Clerk of Courts Office)
- _____ 3. Photographs of vehicles/trailers/equipment used exclusively for business purposes
- _____ 4. Application Fee: \$25 (Administrative), \$200 (Planning Commission)

HOME OCCUPATION PROCESS



¹ Administrative applications receiving objections during the notification period are forwarded to the Planning Commission. Sign posting for applications requiring Planning Commission hearing will occur 10 days before the meeting date.

² Proceed with the St. Charles Parish School Board for your Tax ID# and St. Charles Parish Sheriff's office for your Occupational License

Case # _____

HOME OCCUPATION REGULATIONS

Home Occupation: A business, profession, occupation, or trade conducted within the principle structure of a residential use by residents of the dwelling which is incidental and secondary to the residential use of the dwelling, does not change the essentially residential character of the use, and which complies with the requirements of Section XXII, Home Occupations, of the Zoning Ordinance.

Operational Regulations

1. No dump truck, bus, construction vehicle, semi-truck, or vehicle of similar nature shall be permitted to park on the subject property as part of a home occupation. Any vehicle or trailer that will be used in the operation of a home occupation must be documented with photographs as part of the application process.
2. There shall be no signs posted which indicate the existence of the home occupation.
3. No non-resident employees or contractors associated with the home occupation will visit the home for business purposes—this includes, but is not limited to, picking up work assignments, materials, or payment.
4. There shall be no outdoor storage of materials or products on the premises.
5. Indoor storage of materials/products shall not exceed 20 percent of the gross floor area of the dwelling.
6. The home occupation shall not eliminate or impede required off-street parking.
7. The home occupation shall not cause any external effect such as increased noise, excessive traffic, excessive lighting, or offensive odor, which is incompatible with the characteristics of the residential area, or in violation of any applicable governmental code. There shall be no illegal discharge of materials, fluids, or gases into the sewer system, or any other manner of discharging such items in violation of any applicable governmental code.
8. The resident(s) engaged in the home occupation shall possess all required licenses including a St. Charles Parish Occupational License and other state or federal permits or licenses.
9. No alcoholic beverages shall be sold, offered, or provided in a commercial capacity in the home where the occupational license is held, in connection with a home occupation.
10. Home occupation permits are not transferrable as to person or location.
11. Home occupation activities which include the manufacture/sale/repair firearms (or any related commercial activity) shall be prohibited in R-2 and R-3 residential zoning districts, and shall be additionally prohibited on residentially zoned lots which contain more than one dwelling unit.

I have read the above Operational Regulations for home occupations and acknowledge that violation of these Operational Regulations or any parish ordinance, state law, or special provision may result in revocation of the zoning compliance and occupational license for the business.

(Applicant signature) (Date)

I/we swear to be the sole owner(s) of the property in this request and endorse this application. (COMPLETE IF BUSINESS OPERATOR IS NOT THE PROPERTY OWNER)	
_____ (Signature)	_____ (Print)
_____ (Signature)	_____ (Print)
_____ (Notary signature & seal)	_____ (Date)

St. Charles Parish Sales & Use Tax Registration

St. Charles Parish School Board
13855 River Road
Luling, Louisiana 70070

Phone: (985) 785-3125

Fax: (985) 785-7246

salestax@WeAreSCPPS.org

www.scpsalestax.com

Business Name

Legal Name

Phone Number

Fax Number

E-mail Address

Physical Address

Mailing Address

Date of First Activity in St. Charles Parish

Filing Status

Description of Business

Federal ID

LA Sales Tax ID

[NAICS Code](#)

Contact Person

Phone Number

Fax Number

Cell Phone Number

E-mail Address

**Type of
Organization**

Sole Proprietor

Partnership

Corporation

LLC

LLP

Governmental

Non-Profit

Other

Sole Proprietor

Phone Number

Cell Number

SSN

Address

Personal Reference

Contact Number

If Corporation, LLC, LLP, or Partnership: name, title, social security number, home address, and telephone number of officers, members, managers, or partners:

Name

Title

SSN

Phone Number

Address

Name

Title

SSN

Phone Number

Address

Name

Title

SSN

Phone Number

Address

Signature

Date

I affirm that the information given on this application is true and correct.

For Office Use Only

Account Number

Date

Initials

Acknowledgment of Sales Tax Responsibility


I, _____ of a _____
(owner/agent name) (type of business)

DBA _____
(business name)

understand that as a retailer I am responsible for collecting and remitting sales taxes on all of the sales of said business. As the owner of the business, I am personally liable for remitting sales taxes. Taxes are due on the 1st of the month following the sales and are considered delinquent on the 21st of that month. Failure to remit the sales taxes is a criminal and civil violation. If taxes are not paid by the 20th of the month, I understand that St. Charles Parish will deem this account in jeopardy and will take action.

I understand that as a dealer I shall keep and preserve suitable records of the sales, purchases, or leases and other books of accounts as may be necessary to determine the amount of tax due, and other information as may be required by the collector; and each dealer shall secure, maintain and keep until the taxes to which they relate have prescribed. Any dealer who violates the provisions shall be fined not more than five hundred dollars or imprisoned for not more than sixty days, or both, for any such offense. (La R.S. 47:337.29) **If the collector cannot examine suitable records maintained by the business to determine taxes due, alcohol and video clearances as well as exemption certificates cannot be issued.**

I understand that it is my obligation as a dealer to use reasonable means to notify and provide St. Charles Parish with accurate and updated information pertaining to its proper address and the names and contact information for those officers or directors, or members or managers having direct control or supervision over its local sales and use taxes and those charged with the responsibility of filing a dealer's sales and use tax return with the collector. This obligation shall be continuing and a dealer shall notify the St. Charles Parish Sales Tax Office of any changes, additions, or deletions within thirty calendar days of any change. (La R.S. 47:337.29)

_____	
Owner/Agent Name	Director of Tax Collections
_____	_____
Signature	Witness
_____	_____
Date	Witness



Greg Champagne
Sheriff

ST. CHARLES SHERIFF'S OFFICE TAX DIVISION

15045 River Road
Post Office Box 440 • Hahnville, LA 70057 Telephone
(985) 783-6237 • Facsimile (985) 783-1132

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Greg Champagne
Sheriff

**ST. CHARLES SHERIFF'S OFFICE
TAX DIVISION
15045 River Road
Post Office Box 440 • Hahnville, LA 70057 Telephone
(985) 783-6237 • Facsimile (985) 783-1132**

OCCUPATIONAL LICENSE APPLICATION

Date of Application
Local Sales Tax Number

For Office Use Only

Business Owner's Name			Date of Birth	Social Security Number	
Residence Address	City	State	Zip Code	Area Code/Phone Number	
Name of Business				Area Code/Phone Number	
Business Mailing Address		City	State	Zip Code	
Business Physical Location		City	State	Zip Code	

IF CORPORATION OR PARTNERSHIP, PLEASE PRINT NAME, TITLE, SOCIAL SECURITY NUMBER, DATE OF BIRTH, RESIDENT ADDRESS, TELEPHONE NUMBER OF OFFICERS OR PARTNERS IN COMPANY.

Owner Manager Partner Corporation	Title	Date of Birth	Social Security Number	Area Code/Phone Number	
Mailing Address		City	State	Zip Code	
Owner Manager Partner Corporation	Title	Date of Birth	Social Security Number	Area Code/Phone Number	
Mailing Address		City	State	Zip Code	
Owner Manager Partner Corporation	Title	Date of Birth	Social Security Number	Area Code/Phone Number	
Mailing Address		City	State	Zip Code	

Briefly Describe Type of Sales or Activity
--

Signature of Applicant	Signature of Preparer if Different than Applicant
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Greg Champagne

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TAX DIVISION
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**THIS APPLICATION WILL NOT BE ACCEPTED UNLESS ALL QUESTIONS ARE ANSWERED COMPLETELY
BEER AND/OR LIQUOR APPLICATION**

**Greg Champagne
Sheriff & Ex-Officio Tax Collector
Parish of St. Charles
P.O. Box 440**

_____, LA
_____, 20__

The undersign applies for a _____ (Retail Saloon, Package House, Wholesale, Manufacturer, or Restaurant) permit for the calendar year ending December 31, 20 __, to sell alcoholic beverages containing less/more than six per centum (6%) of alcohol by volume, as provided by Chapter 1 of Title 26, of the Louisiana Revised Statutes of 1950, as amended, on the premises hereinafter described; and hereby agrees to comply with all laws, ordinances and regulations of the State, Federal, or local governments affecting the sale of alcoholic beverages.

NAME _____
(Owner's Name) (Followed by Trade Name)

STREET OR RURAL ADDRESS _____

CITY OR TOWN _____
(Where Business is Located) (City or Town) (State) (Zip) (Phone Number)

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY: (All questions must be answered)

1. DID YOU APPLY FOR AN ALCOHOLIC BEVERAGE PERMIT FOR THE YEAR 20__, AT THIS LOCATION? ____ If so, what was the number of the permit issued to you for the year 20__? Do you hold or have you applied to the Department of Revenue for a Class "A" Retail Saloon Beer permit, Class "B" Retail Package Beer permit or a Class "AR" Restaurant permit?

(State Which Class)

2. PERSONNEL OR BUSINESS:

(a) Is your business to be conducted by a manager or an agent? ____ If answer to the question is "yes" give name and address:

(b) Is your business individually owned, a partnership or corporation? ____ If a partnership or corporation, give names, addresses, and percentage or business owned by each partner or stockholder:

(Schedule A duly executed must be submitted for said manager or agent)

NAME ADDRESS % EQUITY

3. Give **THREE (3)** personal references who can attest to your general good character and personal reputation in the community. Give names addresses and phone numbers:

Schedule A (To be answered by owner, partner, manager, agent or official signing this Application.)

- A) What is your name? _____
- B) Residence Address? _____
- C) Date of Birth _____ Place of Birth _____
- D) Sex _____ Race _____
- E) Are you a citizen of the United States and the State of Louisiana and are you over 21 years of age? _____
How did you become a citizen? _____
- F) Have you resided in the State of Louisiana continuously for a period of not less than two (2) years next preceding the date of filing this application? _____
- G) Have you ever been convicted of a felony under the laws of the United States, the State of Louisiana or any other state or country? _____
- H) Have you ever been convicted in this State, or any other state, or by the United States, or any other country, of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, or illegally dealing in narcotics?

- I) Have you ever been refused an alcoholic beverage permit? _____
- J) Have you ever had a license or permit revoked to sell or deal in alcoholic beverages issued by the United States, any state, or by any political subdivision of a state authorized to issue permits or licenses within one (1) year prior to this application? _____
- K) Have you ever been convicted or had judgment of court rendered against you involving alcoholic beverages by this State, or any other state, or the United States, for one (1) year prior to this application?

- L) Has your spouse ever been denied or revoked an alcoholic beverage permit? _____
- M) Have you been adjudged by the Louisiana Board of Alcoholic Beverage Control or convicted by a court of violating any of the provisions of Chapter 1, Title 26, pertaining to liquor? _____
- N) Have you ever been convicted of violating any municipal or parish ordinances adopted pursuant to the provisions of Chapter 1, Title 26, pertaining to liquor? _____
- O) Have you ever had a license or permit to sell beer/liquor suspended or revoked by the Louisiana Board Of Tax Appeals or had judgment or ever been convicted by any court for violating the provisions of the Beer Law, Chapter 2, Title 26? _____

If your answer to Question 1 on page 1 is "No" please paste in provided space on the next page notice of two advertisements which appeared twice in The St. Charles-Herald Guide which reads as follows: "I am applying to the La. A.B.C. Board for a permit to sell Alcoholic Beverages at retail at the following address

PARISH OF ST. CHARLES

(Name of Applicant or Applicants)

PLEASE CHECK ONE OF THE FOLLOWING: I am applying for these permits:

_____ BEER _____ LIQUOR _____ LIGHT WINE

_____ CLASS A - Consumption on premises _____ CLASS B - Packaged Only _____ CLASS AR - Restaurant

PASTE ADVERTISEMENT HERE

5. DESCRIPTION OF PREMISES FOR WHICH APPLICATION FOR PERMIT IS MADE.

a. Does the place where your business is transacted occupy all of the building? _____ If only part of the building, describe in detail space to be occupied by building _____

b. Do you own premises or do you hold a bona fide written lease? _____ If you lease, give name and address of lessor. _____

6. IF APPLICATION IS FOR MANUFACTURER'S PERMIT, list below name of all articles now being manufactured or blended, listing each trade name of brand of each article marketed. _____

THE LAW PROVIDED THAT AN APPLICATION BE FILED WITH YOUR LOCAL ATHORITIES WITHIN 24 HOURS OF THE TIME OF FILING OF YOUR STATE APPLICATION.

7. THIS AFFIDAVIT MUST BE EXECUTED BY APPLICANT BEFORE A NOTARY PUBLIC

I swear (or affirm) that I have read each of the questions in the foregoing instrument and that the answers which I have given are true and correct to the best of my knowledge.

Sworn to and subscribed before me this _____ day of _____, 20 _____

Signature and title of person, administering oath

Affiant

(State whether individual owner, member or firm, or if officer of corporation, give title)

Any misstatement or suppression of fact in an application or accompanying affidavit shall be ground for denial, suspension or revocation of permit.

8. PLEASE STATE NAME OF BUSINESS IF IN OPERATION PREVIOUS TO YOUR APPLICATON.
