



City of Springhill
 101 Machen Dr, Springhill,, LA 71064
 318-539-5681 or 318-539-5683 fax

Control No #
SP
ALTERNATE CONTROL #
PERMIT ISSUE DATE

PERMIT APPLICATION
This is not a Permit for Construction

OWNER/APPLICANT _____	PHONE # _____
MAILING ADDRESS _____	

PROJECT ADDRESS _____	
SUBDIVISION _____	LOT # _____
SECTION _____	TOWNSHIP _____
RANGE _____	PARCEL _____
ACRES _____	

CONTRACTOR _____	LICENSE # _____
MAILING ADDRESS _____	PHONE # _____
HOMEOWNER CLAIMING EXEMPTION FROM LICENSURE: LSLBC Notarized affidavit required	

PERMIT TYPE: Commercial _____ Industrial _____ Residential _____		PLAN REVIEW:
PERMIT CATEGORY: <input type="checkbox"/> Addition <input type="checkbox"/> Attached Building <input type="checkbox"/> Building Relocation <input type="checkbox"/> Camp <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Change of Use <input type="checkbox"/> Detached Building <input type="checkbox"/> Farm <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Mini Storage <input type="checkbox"/> Modular Building <input type="checkbox"/> New Construction <input type="checkbox"/> Other <input type="checkbox"/> Portable Building <input type="checkbox"/> Remodeling <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Temporary Electrical Pole <input type="checkbox"/> Temporary Use Building	TRADE PERMIT: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical	Fire Marshal Project # _____ (NFPA 101 review)
	COMMERCIAL OCCUPANCY GROUP: Assembly () Business () Education () Factory and Ind. () High Hazard () Institutional () Mercantile () Residential () Storage () Utility and Misc () Sprinkler Required ? Yes _____ No <u>X</u> TYPE _____	TOTAL SQ FT _____ LIVING SQ FT _____
		CONSTRUCTION COST \$ _____
		REMODEL COST \$ _____
		TYPE OF FRAME: _____
		TYPE OF HEATING: _____
		TYPE OF COOLING: _____
		UTILITIES: _____
		TYPE OF WATER SUPPLY: _____
		TYPE OF SEWERAGE: _____
		APPROVAL # _____ TEMP _____ FINAL _____
		POWER COMPANY: _____ TEMP _____ FINAL _____
THIS IS NOT A PERMIT FOR CONSTRUCTION		

MANUFACTURED HOME INFORMATION:	
MH OWNER _____	MHPARK/LAND OWNER _____
MAILING ADDRESS _____	LOT # _____ HUD # _____
MAKE/MODEL _____	SERIAL # _____
	Size _____ MHC # _____

FLOOD ZONE INFO:	
FIRM Panel # _____	Dated _____ Flood Zone _____ Base Flood Elevation _____
Located in Floodway? _____	If yes, Engineered No Rise Certificate is Required No Rise Cert? _____
Structure to be placed in flood hazard area? _____	Fill to be placed on property? _____
If located in SFHA: Elevation Certificate: Construction Plans _____	Under Construction _____ Finished Construction _____
Top of Bottom Floor _____	Lowest Adjacent Grade _____

Comments: _____

Plan Review Fee	<p align="center">APPLICANT/AUTHORIZED AGENT SIGNATURE</p> <p>I, the undersigned fully understand and agree to abide by the rules and regulations as outlined in Act 12 of the 2005 First Extraordinary Session (La. R.S. 1730.21 et seq.) , mandated January 1, 2007, local permitting and flood damage prevention ordinances, 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.</p> <p>EXPIRATION: Permit is valid from date of issuance and shall become invalid if the work authorized is not started within 180 days of the issuance date. If the authorized work is suspended or abandoned for a period of 180 days, this Permit is void.</p> <p>All project work and previous inspections are subject to re-inspection at any given time by the inspector due to the continuation of work to verify all construction items remain in compliance</p>
Inspection Fee	
Permit Fee	
Total Fees: \$	
Paid by:	<p>SIGNATURE: _____ Application date: _____</p> <p>PROCESSED BY: _____</p>