

TOWN OF LOCKPORT 710 Church Street Lockport, LA 70374 Office # 985-532-3117 Fax # 985-532-7143 Revised 6/4/2018

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DATE_____

			PERMIT DI	EPARTMEN [®]
RESIDENTIAL C	ONSTRUCTION	ON – <mark>Fee</mark>	.30 sq. ft. Minimum \$15	<mark>0.00</mark>
Permit Application Checkl	ist:			
☐ Floor level or lowest ho	rizontal beam of h	nouse will i	need to meet BFE	Int
☐ Will the garage/storage	, etc areas attache	ed to hous	e meet BFE? Yes	No
☐ Type of <u>INSULATION</u>	Spray Foam	Batt	Blown Cellulose	Int
Signature of Applicant:			Date:	
☐ Flood Zone Determin	nation/Original I	Elevation	Certificate Requi	red
☐ 1st Elevation-Site/Grou	ınd (must be less than on	e year old)		
2nd Elevation-(form sp	ot) Must be presented to	permit office	before foundation inspectio	n is requested
			efore Occupancy of Building	
the state of the s	ompleted and at this poi		nited to, all steps, all landing ove-in)	s, pumps, etc.
or				
B & C Zone Affidavit (if	outside Special Flood Ha	zard Area)		
☐ Completed PERMIT APP	PLICATION			
☐ Site Plan (drawing show		ilding on l	ot, lot size & dimens	ions on al
sides, distance of buildin	,	_	,	
☐ Land Verification (Copy of	of Act of Cash Sale/Do	onation/Suc	cession)	-
Obtain Parcel Nu	umber from Assess	sor's Office	e at (985) 447-7242	
☐ 1 Complete Sets of Plan	s (ONE 11" x 17")	Note: In n	nany cases the plans	will need
to be designed and/or s	stamped by an Lou	iisiana Lice	ense Engineer or Arc	:hitect call
Permit office for more i	nformation.			
☐ COPY OF CONTRACTOR	'S LICENSE or			
SELF CONTRACTED				
☐ SUB-CONTRACTOR SUP	PPLIER LIST			
☐ AFFIDAVIT CLAIMING E	XEMPTION FROM LICENS	SURE		

SIGNATURE_____