



ST. JOHN
PLANNING & ZONING
PERMIT APPLICATION

Permit No: _____ Date Requested: _____
Receipt No: _____ Council District/At Large: _____
Zoning District: _____ Parcel No: _____
Lot, Sq., Subdivision: _____

OFFICE USE ONLY

APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

PROPERTY OWNER INFORMATION:

Same as above (circle one) Yes / No

If no, has the authority of the applicant to act on behalf of the property owner been verified with a signed, dated, and notarized affidavit or a contract? (Circle one) Yes / No

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

CONTRACTOR INFORMATION:

Name: _____

Mailing Address: _____ License No.: _____

Phone: _____ Email: _____

LOCATION OF WORK:

Address: _____

Floor/ Bay / Suite No.: _____

Subdivision: _____ Block: _____ Lot No.: _____

Parcel ID No. (Required): _____

Within sixty (60) days of submission of minimum application requirements, this application will become null and void.

Applicant's Signature

Date



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Permit No: _____ Date Submitted: _____
Lot, Sq., Subdivision: _____

OFFICE USE ONLY

PLEASE DESCRIBE PROJECT IN DETAIL:

Value: \$ _____ Gross Square Footage: _____

Please check all that apply:

<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Relocation
<input type="checkbox"/> Electrical	<input type="checkbox"/> Addition	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Renovations	<input type="checkbox"/> House Moving / Elevation	<input type="checkbox"/> Generator
<input type="checkbox"/> Backflow	<input type="checkbox"/> Pool / In Ground	<input type="checkbox"/> Fill
<input type="checkbox"/> Culvert _____ Ft.	<input type="checkbox"/> Pool / Above Ground	<input type="checkbox"/> Other

MASTER PERMIT: PRIMARY PERMIT FEES SHALL INCLUDE THE FEES FOR SUBPERMITS, PROVIDED THAT ALL APPLICABLE SUBCONTRACTOR QUALIFIER SIGNATURES ARE ON THE APPLICATION AND PLANS INCLUDE THE DETAILS OF ALL SUBCONTRACTOR WORK, ALARMS, SPRINKLERS, SIGNS, POOLS, FIRE SPRINKLERS AND OTHER ASSOCIATED WORK REQUIRES SEPARATE APPLICATION, PERMITS AND FEES. **FAILURE TO INCLUDE THE REQUIRED INFORMATION AT THE TIME OF APPLICATION SHALL REQUIRE THAT A SEPARATE PERMIT BE ISSUED WITH APPROPRIATE FEES BEING CHARGED TO THE APPLICANT. CURRENT REGISTRATION REQUIRED AT TIME OF SUBMITTAL.**

Building contractor: _____ Date: _____ State lic. or registration: _____

Qualifier / agent signature: _____

Electrical contractor: _____ Date: _____ State lic. or registration: _____

Qualifier / agent signature: _____

Mechanical contractor: _____ Date: _____ State lic. or registration: _____

Qualifier / agent signature: _____

Applicant's Signature **Date**

Natalie Robottom
Parish President



Alexandra Gelpi Carter, AICP
Director of Planning and Zoning

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OWNER'S ENDORSEMENT

I _____ being duly sworn, depose that I
Owner(s) / Corporation
reside at _____,
Street City
in the Parish of _____ and State of _____
and that I am the owner of the property described as _____ and that I have
authorized _____ to make the foregoing petition for a
Applicant
Permit.

Signature of owner(s) of property or authorized agent

SWORN TO ME THIS _____ DAY OF _____,

NOTARY PUBLIC

Print name of Notary: _____
Bar roll # _____