



# Claiborne Parish Permit Application

507 West Main Street  
 Homer, LA 71040  
 Ph: (318) 927-2222 Fax: (318) 927-2727

Permit # \_\_\_\_\_

Alt. Control # \_\_\_\_\_

## Permit Application

Owner/Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Project Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Parcel # \_\_\_\_\_ Acres \_\_\_\_\_

Contractor \_\_\_\_\_ License # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

Homeowner claiming exemption from licensure: \_\_\_\_\_

Permit Type: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

**Plan Review :**

**Category:**

**Commercial Occupancy**

**Use Groups**

- \_\_\_\_\_ New Construction
- \_\_\_\_\_ Addition
- \_\_\_\_\_ Remodel
- \_\_\_\_\_ Building Relocation
- \_\_\_\_\_ Detached Building (garage, patio, shed)
- \_\_\_\_\_ # of utilities \_\_\_\_\_
- \_\_\_\_\_ Farm Structure
- \_\_\_\_\_ Camp (hunting/fishing)
- \_\_\_\_\_ Portable Building
- \_\_\_\_\_ Temp Use Building
- \_\_\_\_\_ Change of Use
- \_\_\_\_\_ Change of Occupancy
- \_\_\_\_\_ Other

- Assembly (A)
- Business (B)
- Education (E)
- Factory and Ind. (F)
- High Hazard (H)
- Institutional (I)
- Mercantile (M)
- Residential (R)
- Storage (S)
- Utility and Misc (U)

Sprinkler Required ?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**Trade Permit**

- \_\_\_\_\_ Electrical
- \_\_\_\_\_ Plumbing
- \_\_\_\_\_ Mechanical

Type: \_\_\_\_\_

Residential Control # \_\_\_\_\_ Commercial Control # \_\_\_\_\_

Fire Marshal Project # \_\_\_\_\_ (NFPA 101 review)

Total Sq Ft \_\_\_\_\_ Living Sq Ft \_\_\_\_\_

Construction Cost \$ \_\_\_\_\_

Remodel Cost \$ \_\_\_\_\_

**Type of Frame:** Wood/Masonry/Structural Steel (Type 1,2,3,4,5)

**Type of Heating/Cooling :** Gas/Electric  
 Central A/C \_\_\_\_\_

**Type of Water Supply :** Public/Private/Individual

**Health Department Approval #** \_\_\_\_\_

Temp \_\_\_\_\_ Final \_\_\_\_\_

**Power Company :** \_\_\_\_\_

Project Description : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Manufactured Home Information:**

MH Owner \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Make/Model \_\_\_\_\_

MH Park/Land Owner \_\_\_\_\_  
Lot # \_\_\_\_\_ Installer Permit Sticker # \_\_\_\_\_  
Serial # \_\_\_\_\_  
Size \_\_\_\_\_ Year \_\_\_\_\_

**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? \_\_\_\_\_ 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 \_\_\_\_\_

**Applicant/Authorized Agent Signature**

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.173021 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 an adopted construction code; local, state, or federal laws.

**Expiration :** Permit shall become invalid unless the work authorized is commenced within 180 days after its issuance, or the worked authorized is suspended or abandoned for a period of 180 days after the time the work is commenced.

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

Plan Review \$ \_\_\_\_\_  
Permit \$ \_\_\_\_\_  
Inspection \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

Building Official Signature : \_\_\_\_\_ Permit Issue Date \_\_\_\_\_

To submit plans or to schedule an Inspection call :  
1910 Citizen's Bank Dr  
Bossier City, LA 71111  
Phone : 318-747-2454 Fax : 318-747-0218

