

**PLANNING and URBAN DEVELOPMENT**

P.O. BOX 123, MONROE, LA 71210



**BUILDING PERMIT APPLICATION**

**ALL PROJECTS (please print or type)**

<input type="checkbox"/> Commercial <input type="checkbox"/> Residential		DATE	ZONING VERIFICATION #
OWNER (required)		SUBMITTED BY	CONTACT#
PROJECT ADDRESS		APT UNIT #'s in BLDG	CONTACT FAX #
CITY	STATE	ZIP	PARISH
TYPE OF STRUCTURE			HISTORIC DISTRICT <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> RETAIL <input type="checkbox"/> RESTAURANT <input type="checkbox"/> OFFICE <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> REPAIR <input type="checkbox"/> GARAGE <input type="checkbox"/> POOL <input type="checkbox"/> SIGNS <input type="checkbox"/> OTHER			
IF OTHER EXPLAIN			
SCOPE OF PROJECT			
<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL <input type="checkbox"/> SIGNS <input type="checkbox"/> MOVING <input type="checkbox"/> OTHER			
IF OTHER EXPLAIN			
COST OF PROJECT	TOTAL SQ FOOTAGE	# OF ROOFING SQ	NAME OF THIRD PARTY PLAN REVIEWER
SUBDIVISION	BLOCK / LOT	FIRE MARSHAL APPROVAL LETTER	
<input type="checkbox"/> EXEMPT			

**RESPONSIBLE PARTIES (as applicable)**

OWNER (REQUIRED)	CITY	STATE	ZIP	CONTACT#
CONTRACTOR (REQUIRED)	CITY	STATE	ZIP	CONTACT#
ENGINEER	CITY	STATE	ZIP	CONTACT#
ARCHITECT	CITY	STATE	ZIP	CONTACT#

**ONE SIGN PER APPLICATION BE SURE TO ATTACH ALL DRAWINGS AND CONTACT PLANNING AND ZONING FOR APPROVAL**

# of power supplies	# of ballast	# of transformers	
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**OTHER REMARKS**

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## COMMERCIAL

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### NEW CONSTRUCTION

Active Louisiana State Commercial License, Occupational License, Taxpayer Registration Certificate, and certificate of insurance showing general liability and workers compensation, State Fire Marshal Approval Letter(if applicable), and Third Party Plan Review (if applicable).

### REMODELING / LESS THAN \$50,000.00

Active Occupational License, Taxpayer Registration Certificate, Certificate Of Insurance, State Fire Marshal Approval Letter (If applicable), and Third Party Plan Review ( If applicable ).

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## RESIDENTIAL

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### NEW CONSTRUCTION

Contractors must provide proof of the following; – Active Louisiana State Residential License, Occupational License, Taxpayer Registration Certificate, Certificate of Insurance, and Third Party Plan Review (If applicable).

### REMODELING / PROJECT OVER \$50,000.00

Active Louisiana State License, Occupational License, Taxpayer Registration Certificate, Certificate of insurance, and Third Party Plan Review ( If applicable ).

### REMODELING/ PROJECT AMOUNT BETWEEN \$7,500.00 - \$75,000.00

Home Improvement Contracting Certificate by the state of Louisiana, Occupational License, Taxpayer Registration Certificate, General Liability Insurance, and Third Party Plan Review (If applicable).

### IF PROJECT IS LESS THAN \$7,500.00

Active Occupational License, Certificate of Insurance, Taxpayer Registration Certificate, and Third Party Plan Review ( If applicable ).

### HOMEOWNERS

Must provide copies of your last three months of utility bills to show proof of residency. Also if your renovation/remodel exceeds the amount of \$7,500.00 you must fill out and notarize an Affidavit Claiming Exemption From Licensure form, and Third Party Plan Review (If applicable).

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**BY SIGNING BELOW, I CERTIFY THE INFORMATION ABOVE TO BE TRUE AND CORRECT**

PRINT NAME OF APPLICANT: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

APPLICANT IS    OWNER    AGENT                      (DOCUMENT DESIGNATING AGENT'S AUTHORITY MUST BE ATTACHED)

**For more information or assistance please call Inspections Division at (318) 329-2214 or (318) 329-2351.**

OFFICE USE ONLY		
Prepared By:	Issued Date:	Permit Number: