

APPLICATION FOR BUILDING PERMIT

Thibodaux, Louisiana

Phone: (985) 446-7208

Fax: (985) 446-7272

The undersigned applies for a building permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form to submit plans, in triplicate and drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations.

1. **Locational Description:** Subdivision Name _____

Block: _____ Lot: _____

Building Address: _____

2. **Name of Owner:** _____

Mailing Address: _____

Phone No.(s): Home: _____ Work: _____ Cell: _____

3. **Name of Contractor:** _____

Mailing Address: _____

Phone No.(s): Office: _____ Cell: _____ Contact: _____

4. **Proposed Use:**

New Construction _____ Commercial _____

Alteration _____ Industrial _____

Accessory Building _____ Sign _____ Size _____

Residence _____ # of Units _____ Other (Explain) _____

(If proposed site is commercial or industrial furnish description of the nature of the business or industry.)

6. Percentage of lot to be occupied: _____ %

7. Lot Width: _____ Lot Depth: _____ Lot Area: _____

8. Square Feet of Living Area (Residences): _____

Commercial: _____ Industrial: _____

9. Building Height: Stories: _____ Feet: _____

10. Yard Dimensions: Front: _____ Rear: _____

One Side: _____ Sum of Side Yards: _____

11. Accessory Building Dimensions: Height: _____ Side Dimensions: _____

- 12. Number of off-street parking spaces to be provided: _____
- 13. Number of off-street loading berths to be provided: _____
- 14. On a separate sheet attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.
- 15. **Estimated Project Cost:** _____

NOTE: This permit shall be void if work is not started within six (6) months or completed within 2 years.

Printed Name: _____

Signature: _____

Date: _____

(For Official Use Only)

Date Application Received: _____

Fee Paid: _____

Date of Action on Application: _____

Approved _____ Denied _____

If application denied, reason(s) for denial:

Zoning Administrator

