

# APPLICATION FOR BUILDING & ZONING PERMIT

## Thibodaux, Louisiana

Phone: (985) 446-7208

Fax: (985) 446-7272

The undersigned applies for a building and zoning 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: \_\_\_\_\_

(If not located in platted subdivision, attach a legal description)

**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. **Existing Use:** \_\_\_\_\_

5. **Property Presently Zoned As:** \_\_\_\_\_

6. **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.)**

7. Percentage of lot to be occupied: \_\_\_\_\_ %

8. Lot Width: \_\_\_\_\_ Lot Depth: \_\_\_\_\_ Lot Area: \_\_\_\_\_

9. Total Square Footage: \_\_\_\_\_

Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_

10. Building Height: Stories: \_\_\_\_\_ Feet: \_\_\_\_\_

11. Yard Dimensions: Front: \_\_\_\_\_ Rear: \_\_\_\_\_

One Side: \_\_\_\_\_ Second Side Yard: \_\_\_\_\_

- 12. Accessory Building Dimensions: Height: \_\_\_\_\_ Size / Dimensions: \_\_\_\_\_
- 13. Number of off-street parking spaces to be provided: \_\_\_\_\_
- 14. Number of off-street loading berths to be provided: \_\_\_\_\_
- 15. 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.
- 16. **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