

Lionel Johnson, Jr.  
Mayor



*City Council:*  
Deborah Alexander  
Freddie "Carl" Frazier, Sr.  
Ronald Grace  
Melvin Hasten, Sr.  
Kelvin York, Sr.

*Police Chief:*  
Kevin Ambeau, Sr.

**CITY OF ST. GABRIEL**

*"A City of Pride, Progress & Possibilities"*

**APPLICATION FOR MOVE-IN PERMIT**

<b>RESIDENTIAL</b>	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Modular Home <input type="checkbox"/> Elevated Home <input type="checkbox"/> Other (specify) _____
<b>COMMERCIAL</b>	<input type="checkbox"/> Office Trailer <input type="checkbox"/> Modular Building <input type="checkbox"/> Other (specify) _____

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City                                  State                                  Zip

**OWNER INFORMATION**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City                                  State                                  Zip

Check Box if same as Applicant

CHECK IF PROVIDED	DOCUMENT	OFFICE USE ONLY
<input type="checkbox"/>	Pictures of the structure	
<input type="checkbox"/>	State Issued Driver's License of ID for applicant	
<input type="checkbox"/>	Proof of ownership of the structure to be moved	
<input type="checkbox"/>	Site plan (location, setbacks, parking, ingress, egress, etc)	
<input type="checkbox"/>	911 Address issued by Iberville Parish	
<input type="checkbox"/>	Transportation Date and Route	

Site Address: \_\_\_\_\_ Use of Building/Structure \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

**APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_ **SEWER ACCOUNT NUMBER** \_\_\_\_\_

**PERMIT FEE** \_\_\_\_\_ **DATE ISSUE** \_\_\_\_\_ **BUILDING OFFICIAL** \_\_\_\_\_

P.O. Box 597 • 5035 Iberville Street • St. Gabriel, LA • Tel: (225) 642-9600 • Fax: (225) 642.9670 • Website: [www.cityofstgabriel.us](http://www.cityofstgabriel.us)

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