

**LIONEL JOHNSON, JR.**

MAYOR

CITY COUNCIL

**WILLIAM CUSHENBERRY, JR.**

**MELVIN HASTEN, SR.**

**JEFFERY HAYES, SR.**

**HOZA REDDITT, SR.**

**KELVIN YORK, SR.**

**KEVIN AMBEAU, SR.**

POLICE CHIEF

 ­ **CITY OF ST. GABRIEL**

**application for SWIMMING POOL permit**

|  |
| --- |
|  Residential Pool (1&2 Family/Townhomes) Commercial Pool   |
|  New Construction Addition Building Permit Electrical Permit   |
|  In-Ground Pool Above-Ground Pool Spa Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

 **APPLICANT/Contractor INFORMATION OWNER INFORMATION**

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

Names (First, Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

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

Names (First, Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

**Owner’s Name:**

**Property Address:**

 \_\_\_\_\_Check Box if owner information is the same as Applicant or Contractor

Name of Subdivision (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lot Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project/Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Construction Valuation of Structure/Improvements\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Square Footage of Structure: \_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **PROVIDED?** | **DOCUMENT CHECKLIST** | **NOTES** |
|   | 2 Sets of Construction Documents – Site Plan, Architectural, Structural, MEP Plans (11X17) and Specs. Electronic PDF Copy – Jump Drive |  |
|   | Contractor Licensing – With State of Louisiana Contractor’s Licensing Board |  |
|   | Contractor’s Proof of Insurance & Workers Compensation  |  |
|   | Contractor Annual Registration – With City of St. Gabriel |  |
|   | Contractor Sales Tax Clearance – With Iberville Parish (Remona Sanchez 225-687-5200) |  |
|   | 911 Address issued by Iberville Parish |  |

***FOR OFFICE USE ONLY – PERMIT TECHNICIAN REVIEW OF COMPLETION OF APPLICATION DOCUMENTS***

***ACCEPTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ON HOLD/PENDING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DENIED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***