

**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**

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| --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***