

Application for **MOBILE HOME** Permit
(MOBILE HOME PLACEMENT)

Date _____

Permit # _____

MOVING FROM:

Street Address Number: _____ Street: _____ Community: _____

PROJECT LOCATION:

Street Address Number: _____ Street: _____ Community: _____

*Note: If FEMA (Flood) Zone "A", a FEMA Certificate of Elevation is required prior to permit.

In order to obtain a permit, an SF- 02 form, or a LHS-47 " PINK SLIP" is required from the State Health Department located: 29170 Health Unit Street in Vacherie, LA, Phone Number: (225) 265-2181. Permanent connection will be released after final inspection by the State Health Dept.

Property (Land Owner's) Name: _____ Home Phone # _____

Land Owner's Mailing Address: _____

Applicant/Business Name: _____ Home Phone # _____

Present Mailing Address: _____, Louisiana (Zip) _____

Work Phone # _____ Cell Phone # _____ Fax # _____

TYPE OF USE: Residential / Commercial (*Circle One*) **MOBILE HOME VALUE \$** _____

EXTERIOR OF MOBILE HOME: Wood/Vinyl / Metal (*Circle One*)

SIZE: _____ x _____ **YEAR & MODEL** _____ Number of Bedrooms _____ Number of Baths: _____
(Width) (Length)

UTILITIES PROVIDERS: **Gas** **Water:** St. James Parish Utilities **Electricity:** Entergy-Acct # _____

Signature of Applicant

Date

Residential: \$50.00 Commercial: \$100.00 Cash Check Money Order

Make Payable to: **ST. JAMES PARISH GOVERNMENT**

Parish Set Back Requirements from property line: 20' Front, 15' Rear, 5' Right, 10' Left

PERMIT FEE IS NON REFUNDABLE