

Application for **MOVING A HOUSE** Permit

Date _____ Permit # _____

MOVING FROM:

Street Address Number: _____ Street: _____ Community: _____

PROJECT LOCATION:

Street Address Number: _____ Street: _____ Community: _____

*Note: If FEMA Zone "A" See FORM-A

In order to obtain a **PERMANANT ELECTRICAL CONNECTION**, a 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 See FORM-B**

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

Applicant/Business Name: _____ Home Phone # _____

Present Mailing Address: _____, Louisiana (Zip) _____

Work Phone # _____ Cell Phone # _____ Fax # _____

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

EXTERIOR OF HOUSE Brick/Wood/Vinyl /Metal/Stucco (*Circle One*) **Total Sq. Footage:** _____ **Total Living Area:** _____

FOUNDATION: Piers/Slab (*Circle One*) **Number of Bedrooms** _____ **Number of Baths:** _____

MOVING CONTRACTOR NAME/COMPANY: _____

State License # _____ **Parish Registration #** _____

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 COUNCIL**

PERMIT FEE IS NON REFUNDABLE