



St. James Parish Government

P. O. Box 106
Convent, Louisiana 70723-0106
(225) 562-2500
FAX (225) 562-2279
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Peter A. Dufresne
Parish President

Permitting Phone: (225) 562-2243

Permitting Email: permitting@stjamesparishla.gov

Commercial Construction Checklist

****All permit fees are non-refundable****

\$0.50 per sq. ft. with minimum of \$500

- Proof of Ownership or Notarized Letter from Property Owner
- LaDHH Approval (Health Department)
- Approval Letter from State Fire Marshal
- Plans for SCP&D Submittal and Plan Review
- Letter of No Objection from Levee Board (if required, see information below)
- Elevation Certificate (if required, see information below)

Elevation Information:

Applicants must submit an "Initial" Elevation Certificate by a registered professional engineer, architect or land surveyor indicating the proposed floor elevation of the home, commercial building, and servicing equipment is one foot above the base flood elevation but not less than +6.0' MSL. All residential structures shall have the lowest floor (including basement) and servicing equipment elevated to one foot above the base flood elevation but not less than +6.0' MSL. Upon completion of construction, applicants must submit a "Finished Construction" elevation certificate confirming the floor elevation and servicing equipment one foot above the base flood elevation but not less than +6.0' MSL before utilities can be released.

Levee Board Information:

Please note that any and all excavations within 1,500 feet of the crown of the Mississippi River levee must obtain a letter of no objection from the Pontchartrain Levee District (East Bank) at (225) 869-9721 or Lafourche Basin Levee District (West Bank) at (225) 265-7545.

The Louisiana State Fire Marshal's Office:

Fire Marshal H. "Butch" Browning, Jr.

8181 Independence Blvd.
Baton Rouge, Louisiana 70806
1-800-256-5452
<http://lasfm.org/>

Office Hours: 8:00 a.m. - 4:30 p.m.

Sanitation Department Information:

All Permits Including PLUMBING Must Go through the Health Department
St. James Parish Sanitarian Services

Phone: (225) 265-4002
29170 Health Unit Street, Vacherie, LA 70090

Office Hours:
Monday & Wednesday – 8:00 a.m. – 9:30 a.m.

Rick Webre
Director of
Operations

Felix Boughton
Director of
Finance

Ingrid LeBlanc
Director of
Human Resources

Eric Deroche
Director of
Emergency Preparedness

PROJECT INFORMATION:						VALUE
Total Sq. Ft: _____	Living Sq. Ft.: _____	Accessory Sq. Ft.: _____				
Bedrooms: _____	Bathrooms: _____	Existing Sq. Ft: _____	New Sq. Ft: _____			
PROPERTY LINES SET BACK:						
FRONT: _____	REAR: _____	RIGHT: _____	LEFT: _____			

WATER SERVICE (Check One)	SEWER SERVICE (Check One)	GAS SERVICE (Check One)	ELECTRICAL SERVICE
<input type="checkbox"/> St. James Parish Utilities <input type="checkbox"/> Individual Well <input type="checkbox"/> Community Well <input type="checkbox"/> N/A <input type="checkbox"/> Public: _____	<input type="checkbox"/> Individual Treatment Plant <input type="checkbox"/> Community <input type="checkbox"/> N/A <input type="checkbox"/> Public: _____	<input type="checkbox"/> St. James Parish Utilities <input type="checkbox"/> Atmos <input type="checkbox"/> Propane <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____	<input type="checkbox"/> Energy

CERTIFICATION			
I certify that the above information is correct and agree to construct this building in accordance with the plot, building plans and specifications submitted herewith, an in strict compliance with all the provisions of the Building Code, Electrical Code, and Health and Plumbing Regulations of St. James Parish.			
Applicant (Please Print)	Date	Title	
Applicant's Signature			

OFFICE USE ONLY
Required Documents for Plan Submittal

<input type="checkbox"/> Address Approval	<input type="checkbox"/> Levee Board Approval	<input type="checkbox"/> Braced Wall Plan
<input type="checkbox"/> Flood Zone Approval	<input type="checkbox"/> Elevation Certificate	<input type="checkbox"/> Electrical Plan
<input type="checkbox"/> Proof of Ownership	<input type="checkbox"/> Plot/Site Approval	<input type="checkbox"/> Plumbing Plan
<input type="checkbox"/> Health Department Approval	<input type="checkbox"/> Floor Plan	<input type="checkbox"/> Mechanical Plan
<input type="checkbox"/> Fire Marshall Approval	<input type="checkbox"/> Foundation Plan	
<input type="checkbox"/> Utilities Verification	<input type="checkbox"/> Plumbing Plan	
<input type="radio"/> Water - Verified By: _____ <input type="radio"/> Gas - Verified By: _____ <input type="radio"/> Electricity - Account Number: _____		

Payment Amount: _____ Type: _____ Reference#: _____

Employee's Initials: _____ Permit #: _____