

Permitting Department

Contractor's Registration

Type of Registration: New Renewal

Name under which business to be conducted:



FOR OFFICE USE ONLY

DATE RECEIVED: _____

CR #: _____

Name of Applicant: _____
(If corporation, name of President or all partners)

Mailing address of main office: _____

Local mailing address: _____

Location of worksite: _____
(Parish wide, Convent, Lutcher, Vacherie, etc.)

Type of Contractor: _____
Electrical, Plumbing, Mechanical, Painting, Land Developer, etc.)

State of Louisiana License #: _____

St. James Parish Sales/Use tax ID #: _____

Parish Occupational License #: _____ Parish: _____

Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

CERTIFICATION

I certify that I am registered with the state of Louisiana, I will follow 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)

Applicant's Signature

Date

Title

Please make checks payable to:

**St. James Parish Government
Attn: Permitting Office
P.O. Box 106
Convent, LA 70723**

5800 Highway 44
P.O. Box 106
Convent, LA 70723

Phone: (225) 562-2243
Email: permitting@stjamesparishla.gov