



# St. James Parish Government

P. O. Box 106  
Convent, Louisiana 70723-0106  
FAX (225) 562-2422  
TDD: (225) 562-8500

**Peter A. Dufresne**  
Parish President

Permitting Phone: (225) 562-2243

Permitting Email: [permitting@stjamesparishla.gov](mailto:permitting@stjamesparishla.gov)

## Mobile Home Installation

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

\$150.00

- Proof of Ownership or Notarized Letter from Property Owner
- LaDHH Approval (Health Department)
- Plot Plan
- Payment for utilities
- 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.

## Sanitation Department Information:

All Permits Including PLUMBING Must Go through the Health Department

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

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

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**Rick Webre**  
Director of  
Operations

**Felix Boughton**  
Director of  
Finance

**Ingrid LeBlanc**  
Director of  
Human Resources

**Eric Deroche**  
Director of  
Emergency Preparedness

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# Permitting Department

## Mobile Home Installation



**FOR OFFICE USE ONLY**

**DATE RECEIVED:** \_\_\_\_\_

**PERMIT #:** \_\_\_\_\_

PROJECT/SERVICE ADDRESS: \_\_\_\_\_

(STREET)

(CITY, STATE)

(ZIP)

Subdivision: \_\_\_\_\_

Lot Number: \_\_\_\_\_

### PROPERTY OWNER'S INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Email: \_\_\_\_\_

State, Zip: \_\_\_\_\_

### APPLICANT'S INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Email: \_\_\_\_\_

State, Zip: \_\_\_\_\_

### CONTRACTOR'S INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Email: \_\_\_\_\_

State, Zip: \_\_\_\_\_

BUILDER/GC: \_\_\_\_\_

STATE LIC#: \_\_\_\_\_

CR#: \_\_\_\_\_

ELECTRICIAN: \_\_\_\_\_

STATE LIC#: \_\_\_\_\_

CR#: \_\_\_\_\_

MECHANICAL: \_\_\_\_\_

STATE LIC#: \_\_\_\_\_

CR#: \_\_\_\_\_

PLUMBER: \_\_\_\_\_

STATE LIC#: \_\_\_\_\_

CR#: \_\_\_\_\_

#### MOBILE HOME INFORMATION:

**EXTERIOR:** *Wood/Vinyl/Metal (Circle One)*

**PLACED ON:** *Slab/Piers (Circle One)*

**SIZE:** \_\_\_\_\_ (W) X \_\_\_\_\_ (L)

**YEAR & MODEL:** \_\_\_\_\_

**NUMBER OF BEDROOMS:** \_\_\_\_\_

**NUMBER OF BATHROOMS:** \_\_\_\_\_

#### PROPERTY LINES SET BACK:

FRONT: \_\_\_\_\_ REAR: \_\_\_\_\_ RIGHT: \_\_\_\_\_ LEFT: \_\_\_\_\_

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

VALUE

#### WATER SERVICE (Check One)

- St. James Parish Utilities
- Individual Well
- Community Well
- N/A
- Public: \_\_\_\_\_

#### SEWER SERVICE (Check One)

- Individual Treatment Plant
- Community
- N/A
- Public: \_\_\_\_\_

#### GAS SERVICE (Check One)

- St. James Parish Utilities
- Atmos
- Propane
- N/A
- Other: \_\_\_\_\_

#### ELECTRICAL SERVICE

- Energy –
- Account #: \_\_\_\_\_

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

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

# Site Plan

## 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

- Address Verification
- Proof of Ownership
- Health Department Approval
- Levee Board Approval
- Elevation Certificate
- Plot/Site Approval
- Utilities Verification
  - Water - Verified By: \_\_\_\_\_
  - Gas - Verified By: \_\_\_\_\_
  - Electricity - Account Number: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Type: \_\_\_\_\_ Reference#: \_\_\_\_\_

Employee's Initials: \_\_\_\_\_

Permit #: \_\_\_\_\_

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