Permitting Department

Municipal Address Request

FOR OFFICE USE ONLY
DATE RECEIVED: _____
PERMIT #: _____

Circle One: **Residential** **Commercial**

SERVICE ADDRESS ASSESSEMENT #: _____
(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: _____

PERMANENT ADDRESS

LAT: _____

LONG: _____

TEMPORARY ADDRESS

LAT: _____

LONG: _____

CIRCLE ONE BELOW

House, Mobile Home, Culvert Installation, Commercial, Industrial, Agriculture, Electric Meter

Other: (Please Explain) _____

CERTIFICATION		
I certify that I have full permission to request an address for the property listed above 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 for future use of this property.		
Applicant (Please Print)	Date	Title
Applicant's Signature		

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

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