



St. James Parish Government

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Convent, Louisiana 70723-0106
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Peter A. Dufresne
Parish President

Permitting Phone: (225) 562-2243

Permitting Email: permitting@stjamesparishla.gov

Solar Panel Permits - \$125

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

- Proof of Ownership or lease agreement
- Contract or Permission Letter from Property Owner
- Liner Footage of Building
- Electrical Diagram
- Plans for SCP&D Submittal
- Site Plan
- Contractor's Registration
- State License Certificate

Rick Webre
Director of
Operations

Felix Boughton
Director of
Finance

Ingrid LeBlanc
Director of
Human Resources

Eric Deroche
Director of
Emergency Preparedness

Permitting Department

Solar System



FOR OFFICE USE ONLY

DATE RECEIVED: _____

PERMIT #: _____

Residential or Commercial Use (circle one)

PROJECT/SERVICE ADDRESS: _____
(STREET) _____ (CITY, STATE) _____ (ZIP) _____

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: _____

Installer: _____ STATE LIC#: _____ CR#: _____

PROJECT DESCRIPTION:

Electrical:

Size of Electrical Service: _____ amps Net Metering? **Y or N**

Solar System Size: _____ KW Number of Panels: _____

Inverter Manufacture: _____

Mounting:

On the structure _____ Independent: _____

VALUE

PROJECT DESCRIPTION:	VALUE
Electrical: Size of Electrical Service: _____ amps Net Metering? Y or N Solar System Size: _____ KW Number of Panels: _____ Inverter Manufacture: _____	

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

PAYMENT INFORMATION

PERMIT AMOUNT: \$ _____ Payment Reference #: _____

PAYMENT TYPE: Cash, Check, Money Order, or Credit Card

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

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