



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

Swimming Pool Installation Checklist

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

\$Flat Rate of \$200

- Proof of Ownership or Notarized Letter from Property Owner
- Specification Plans and Dimensions for SCP&D Submittal
 - Including an engineered stamp **Site Plan**
- Barrier & Safety Device Plan
- Licensed Contractor Information
- Servitude Paperwork (if required)
- Miscellaneous Fee Paperwork (if required)
- LaDHH Approval (Health Department)
- Letter of No Objection from Levee Board (if required, see information below)

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
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

Permitting Department

Pool, Spa, & Hot Tub Installation



FOR OFFICE USE ONLY

DATE RECEIVED: _____

PERMIT #: _____

PROJECT/SERVICE ADDRESS: _____

(STREET)

Subdivision: _____

(CITY, STATE)

(ZIP)

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: _____

Installer: _____

STATE LIC#: _____

CR#: _____

PROJECT DESCRIPTION:

VALUE

TYPE OF POOL:

GAS PROVIDER: ST. JAMES PARISH OR ATMOS (circle one)

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, and 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

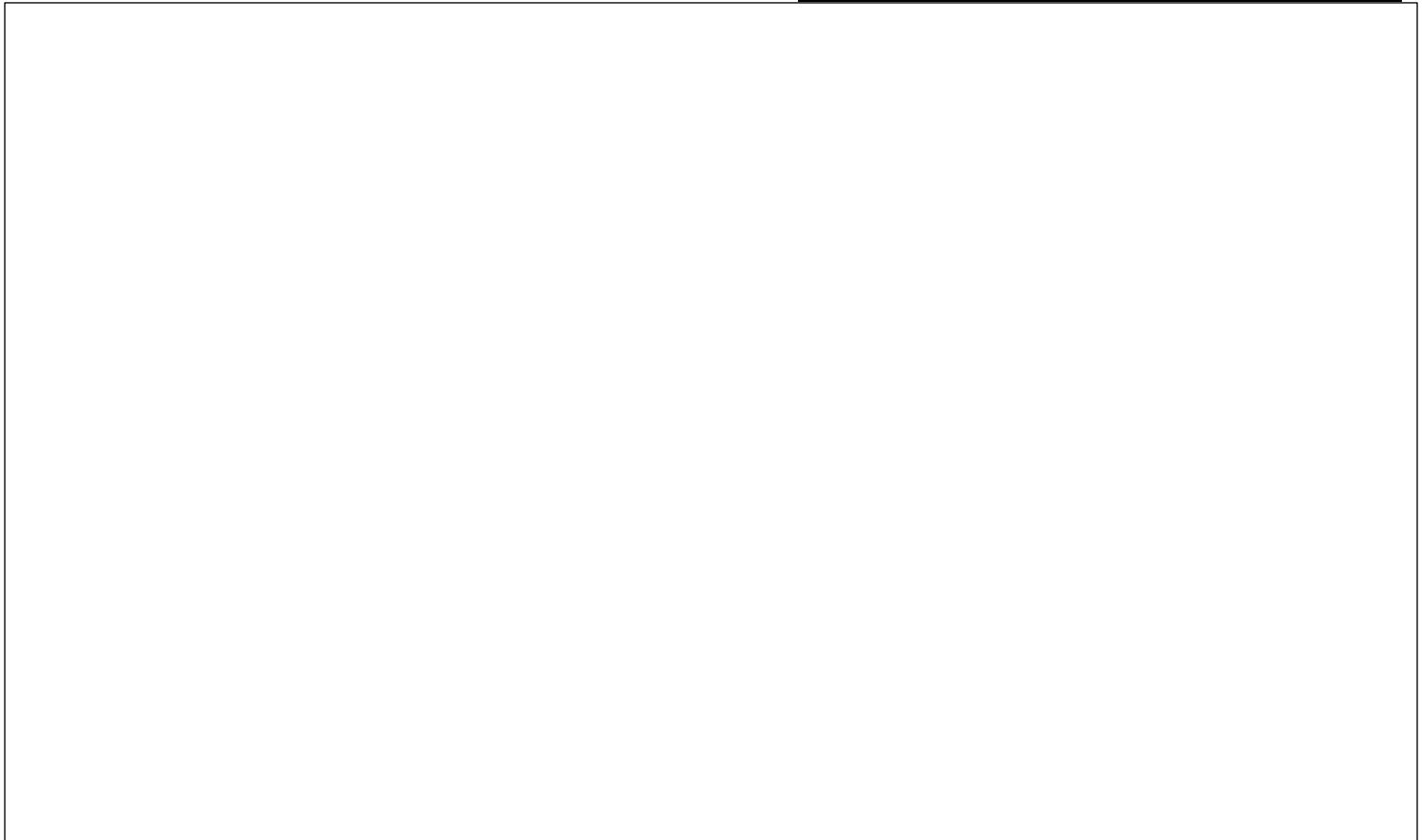
Applicant's Signature

Site Plan

Address: _____ Permit #: _____
Project Description: _____ Lot Size: _____

Please include:

<input type="checkbox"/> All existing structures and their use	<input type="checkbox"/> All proposed structures and their use
<input type="checkbox"/> Distance structures are from each other and property lines.	<input type="checkbox"/> Available/proposed parking spaces
<input type="checkbox"/> Proposed drainage flow	<input type="checkbox"/> Existing power lines



OFFICE USE ONLY

Required Documents for Plan Submittal

<input type="checkbox"/> Address Approval	<input type="checkbox"/> Pool Dimensions	<input type="checkbox"/> Specification of Pool
<input type="checkbox"/> Proof of Ownership	<input type="checkbox"/> Stamped Plot/Site	<input type="checkbox"/> Signed Application
<input type="checkbox"/> Barrier Safety Info	<input type="checkbox"/> Approval	<input type="checkbox"/> Contractor's Registration
<input type="checkbox"/> Utilities Verification	 	
<input type="radio"/> Gas - Verified By: _____	 	
<input type="radio"/> Deposit/Upgrade: _____	 	
<input type="radio"/> Work Order #: _____	Date: _____	

Payment Amount: _____ Type: _____ Reference #:_____

Employee's Initials: _____ Permit #:_____

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

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