



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

Mechanical Trade - \$125

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

- Proof of Ownership
- Plans for SCP&D Submittal
- Contractor's Registration
- State License Certificate

Electrical Trade - \$125

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

- Proof of Ownership
- Plans for SCP&D Submittal
- Contractor's Registration
- State License Certificate

Plumbing Trade - \$125

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

- Proof of Ownership
- Plans for SCP&D Submittal
- LaDHH Approval (Health Department)
- Contractor's Registration
- State License Certificate
- Letter of No Objection from Levee Board (*if required*)

Gas Trade - \$125

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

- Proof of Ownership
- Plans for SCP&D Submittal
- Contractor's Registration
- State License Certificate

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.

Rick Webre
Director of
Operations

Felix Boughton
Director of
Finance

Ingrid LeBlanc
Director of
Human Resources

Eric Deroche
Director of
Emergency Preparedness

Permitting Department

Trade Permit



FOR OFFICE USE ONLY

DATE RECEIVED: _____

PERMIT #: _____

Circle One: **Mechanical** **Electrical** **Plumbing** **Gas**

Residential or Commercial Use (circle one)

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: _____

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

PROJECT DESCRIPTION:	VALUE
GAS PROVIDER: ST. JAMES PARISH OR ATMOS (circle one if applicable)	

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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Email: permitting@stjamesparishla.gov