

Application for **MOBILE HOME** Permit  
(MOBILE HOME PLACEMENT)

Date \_\_\_\_\_

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

**MOVING FROM:**

Street Address Number: \_\_\_\_\_ Street: \_\_\_\_\_ Community: \_\_\_\_\_

**PROJECT LOCATION:**

Street Address Number: \_\_\_\_\_ Street: \_\_\_\_\_ Community: \_\_\_\_\_

\*Note: If FEMA (Flood) Zone "A", a FEMA Certificate of Elevation is required prior to permit.

**In order to obtain a permit, an SF- 02 form, or a LHS-47 " PINK SLIP" is required from the State Health Department located: 29170 Health Unit Street in Vacherie, LA, Phone Number: (225) 265-2181. Permanent connection will be released after final inspection by the State Health Dept.**

Property (Land Owner's) Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Land Owner's Mailing Address: \_\_\_\_\_

Applicant/Business Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_, Louisiana (Zip) \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**TYPE OF USE:** Residential / Commercial (*Circle One*)      **MOBILE HOME VALUE \$** \_\_\_\_\_

**EXTERIOR OF MOBILE HOME:** Wood/Vinyl / Metal (*Circle One*)

**SIZE:** \_\_\_\_\_ x \_\_\_\_\_ **YEAR & MODEL** \_\_\_\_\_      Number of Bedrooms \_\_\_\_\_      Number of Baths: \_\_\_\_\_  
(Width) (Length)

**UTILITIES PROVIDERS:**     $\Delta$  *Gas*     $\Delta$  *Water:* St. James Parish Utilities       $\Delta$  *Electricity:* Entergy-Acct # \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Residential: \$150.00     $\Delta$  Cash  $\Delta$  Check  $\Delta$  Money Order  
Make Payable to: **ST. JAMES PARISH GOVERNMENT**

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

**PERMIT FEE IS NON REFUNDABLE**