

Department of Permits and Inspections

4876 Hwy 1 ~ P.O. Box 425 Mathews, LA 70375 985-537-7603 ~ Fax: 985-532-2845 www.lafourchegov.org revised 8/1/2017

Customer fill in highlighted sections:

PLEASE PRINT	Check one	COI	MERCIAL			RESIDE	NTIAL	<u> </u>	DATE:			
PERMIT # PROJECT DESCRIPTION						F	PROJECT COST		CENSUS			
DUVCIOAL ADDRESS ASSIGNED						CITY (STATE / ZIDOODE						
PHYSICAL ADDRESS ASSIGNED					CITY / STATE / ZIPCODE							
SUBDIVISION				TRACT	or LOT / BLC	CK		PA	PARCEL / ASSESSMENT NUMBER			
ESN COMMUNITY			SECTION		TOWNSHIP		RAN	RANGE WARD				
OWNED A CIPUOTURE & DISCOUNTION						MAILING	ADDRESS					
OWNER of STRUCTURE & INFORMATION a				nd/or WAILING ADL			ADDRESS					
CITY / STATE / ZIPCODE				TELEPHONE		ALT PHONE		EM	EMAIL ADDRESS			
APPLICANT & INFORMATION and/or						MAILING ADDRESS						
CITY / STATE / ZIPCODE			TELEPHONE		ALT PHONE		ЕМА	EMAIL ADDRESS				
004774070	D 0 11/50	D14471011				MALLING	ADDRESS					
CONTRACTOR & INFORMATION and/or						MAILING ADDRESS						
CITY / STATE / ZIPCODE				TELEPHONE		LICENSE NUMBER		EMA	EMAIL ADDRESS			
TRAILER INFORMATION						PROJECT INFORMATION						
TRAILER SIZE SERIAL NUMBER					YEAR MODEL		COLOR EXTERIOR TYPE SQUARE FOOTAGE			FOOTAGE		
FIRM PANEL	PANEL ZONE ELEV		E1 E\/	ABFE			ZONE	1	ELEV	REQ E	I E\/	
FIRW PANEL	ZOINE		ELEV		ADFE		ZONE		ELEV	REQE	LEV	
			_									
PERMIT TECH: ELECTRIC COMPAN					OMPANY:	GAS CO: If applicable						
WIND SPEED: COMMENTS: FEE \$												
									rom the date of issu			
									certify that I have re of work will be com			
specified herein o	r not. The gr	anting of this pe	rmit does not	t presum	ne to give autho	ority to viola	ate or cancel	the provi	sions of any other fe	ederal, state	e or local law	
									n-refundable. By signification time during normal			
		actor or Auth						ate				
or												
Oi aura aut	of O	/If Ower and	ildan D	مدادات	4: a I\			1040				
Signature of Owner (If Owner/Builder on Residential) Date												