



Town of Walker Permit Office
 P.O. Box 217, 10136 Florida Blvd., Walker, LA 70785
 (225)665-8893 or (225)664-0140 fax

Permit Application

CONTROL # _____
ALTERNATE CONTROL # _____
PERMIT ISSUE DATE _____

APPLICANT _____	PHONE # _____
MAILING ADDRESS _____	CELL # _____

OWNER _____	PHONE # _____
MAILING ADDRESS _____	CELL # _____

PROJECT DESCRIPTION _____

PROJECT ADDRESS _____

SUBDIVISION _____ **LOT #** _____

SECTION _____ **TOWNSHIP** _____ **RANGE** _____ **PARCEL #** _____ **ACRES** _____

CONTRACTOR _____	LICENSE # _____
MAILING ADDRESS _____	PHONE # _____

HOMEOWNER CLAIMING EXEMPTION FROM LICENSURE: LSLBC Notarized affidavit required

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL _____		PLAN REVIEW: _____
PERMIT CATEGORY: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Modular Home <input type="checkbox"/> Building Relocation <input type="checkbox"/> Detached Building (garage, patio, shed) # of utilities _____ <input type="checkbox"/> Farm Structure <input type="checkbox"/> Camp (hunting/fishing) <input type="checkbox"/> Portable Bldg <input type="checkbox"/> Temp Use Building <input type="checkbox"/> Change of Use <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Electric Sign <input type="checkbox"/> Other _____	TRADE PERMIT: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical	COMMERCIAL (OSFM) PROJECT # _____ TOTAL SQ FT _____ LIVING SQ FT _____ CONSTRUCTION COST \$ _____ REMODEL COST \$ _____ FRAME/CONSTRUCTION TYPE: _____ TYPE OF HEATING: _____ TYPE OF COOLING: _____ OCCUPANCY LOAD: _____ # SIGNS LIGHTS/FACES: _____
	COMMERCIAL OCCUPANCY USE GROUP: Assembly (A) Business (B) Education (E) Factory and Ind. (F) High Hazard (H) Institutional (I) Mercantile (M) Residential (R) Storage (S) Utility and Misc (U)	UTILITIES: TYPE OF WATER SUPPLY: _____ TYPE OF SEWERAGE: _____ DHH PERMIT # or OTHER: _____ DHH PERMIT STATUS: _____ POWER COMPANY: _____ # POWER CONNECTIONS: _____ POWER COMPANY STATUS: _____ MOTOR (HP): _____
Sprinkler Required? Yes _____ No _____ TYPE: _____		

MANUFACTURED HOME INFORMATION:

MH OWNER _____	MHPARK/LAND OWNER _____
MAILING ADDRESS _____	LOT # _____ TAX ASSESSOR DECAL # _____
MAKE/MODEL _____	SERIAL # _____
SIZE _____	YEAR _____

FLOOD ZONE INFO:

FIRM Panel # _____ **Dated** _____ **Flood Zone** _____ **Base Flood Elevation** _____

Located in Floodway? _____ If yes, Engineered No Rise Certificate is Required No Rise Cert? _____

Structure to be placed in flood hazard area? _____ Fill to be placed on property? _____

If located in SFHA: Elevation Certificate: Construction Plans _____ Under Construction _____ Finished Construction _____

Top of Bottom Floor _____ Lowest Adjacent Grade _____

Comments:

Plan Review \$ _____	<p align="center">APPLICANT/AUTHORIZED AGENT SIGNATURE</p> <p>I, the undersigned fully understand and agree to abide by the rules and regulations as outlined in Act 12 of the 2005 First Extraordinary Session (La. R.S. 1730.21 et seq.) , mandated January 1, 2007, local permitting and flood damage prevention ordinances, and all Parish & State Health regulations. The approval of this permit does not constitute an approval of any violation of any adopted construction codes; local, state, or federal laws.</p> <p>EXPIRATION: Permit shall become invalid unless the work authorized is commenced within 180 days after its issuance, or if the work authorized is suspended or abandoned for a period of 180 days after the time the work is commenced.</p>
Misc Fees \$ _____	
Development Permit \$ _____	
Building Permit \$ _____	
Total Permits \$ _____	
SIGNATURE: _____	APPLICATION DATE: _____