



ST. TAMMANY PARISH

MICHAEL B. COOPER
PARISH PRESIDENT

Revised 08/10/2022

REQUIREMENTS FOR COMMERCIAL PLAN REVIEW

- ☐ Completed Permit Application
- ☐ Assessment # / Parcel #(10 digit number from Assessor's Office (985) 809-8180 www.stpao.org)
- ☐ Legal Description of Property (recorded copy of title, deed, cash sale)
- ☐ Lease (if applicable)
- ☐ Survey of property (Including Flood Zone)
- ☐ Department of Planning & Development review and land clearing permits (985-898-2529)
- ☐ Department of Environmental Services review (985-898-2529)
- ☐ Department of Planning & Development - Engineering review (985-898-2529)
- ☐ Flood Zone review (985-898-2574)
- ☐ 911 Addressing (985-898-4911)
- ☐ Stormwater Agreement and Stormwater Site Plan
- ☐ Louisiana State Fire Marshall Review Letter (1-800-256-5452)
- ☐ Louisiana State Board of Health review (985-893-6296)
- ☐ State Highway Department Approval (State Roads only)
- ☐ State Licensed General Contractor (Must be registered with St Tammany Parish)
- ☐ Complete set of stamped plans-including all riser diagrams (must have live stamp); in electronic PDF format
- ☐ Completed Sheriff's Job Registration form

Fee Schedule (All fees are due at the time of application)

- New Construction \$300.00 + 0.31 per sq ft (underbeam)
- Sign Permit \$300.00 + 0.31 per sq ft (of sign face)
- Site Work \$200
- Additions \$300.00 + 0.31 per sq ft (under beam)
- Remodel \$100.00 + \$5.00 / \$1000.00 of executed contract amount
- Plan Review \$150.00 + 0.01 per sq ft (under beam)
- Demolition \$250.00 per structure

DEPARTMENT OF PERMITS AND INSPECTIONS

P.O. BOX 628 | COVINGTON, LOUISIANA | 70434 | PERMITS@STPGOV.ORG | 985-898-2574 OR 985-646-4166
WWW.STPGOV.ORG



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Revised 12/30/2020

COMMERCIAL PERMIT APPLICATION

PROJECT INFORMATION:

PERMIT #: _____

Address: _____

City/ State/ Zip: _____

Assessment #: _____

PERMIT TYPE:

- | | | | |
|--|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Accessory | <input type="checkbox"/> Addition | <input type="checkbox"/> Cell Tower/ Colocate | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Modular | <input type="checkbox"/> New Construction | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Site Work _____ | <input type="checkbox"/> Remodel | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Shell Only |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Temporary | | |
| <input type="checkbox"/> Other _____ | | | |

SITE WORK:

- | | | | | |
|----------------------------------|------------------------------------|---------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Grading | <input type="checkbox"/> Utilities | <input type="checkbox"/> Paving | <input type="checkbox"/> Fill | <input type="checkbox"/> Excavation |
|----------------------------------|------------------------------------|---------------------------------|-------------------------------|-------------------------------------|

Scope of Work:

DESIGNED OCCUPANCY CLASSIFICATION PER IBC:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Assembly (A1 – A5) | <input type="checkbox"/> Institutional (I1-I4) | <input type="checkbox"/> Business (B) | <input type="checkbox"/> Mercantile (M) |
| <input type="checkbox"/> Education (E) | <input type="checkbox"/> Residential (R1- R4) | <input type="checkbox"/> Factory / Industry (F1, F2) | |
| <input type="checkbox"/> Storage | <input type="checkbox"/> High Hazard (H1 – H5) | <input type="checkbox"/> Utility and Misc. (U) | |

PERMIT INFORMATION:

- | | |
|---|--|
| <input type="checkbox"/> Total Square Footage (Building): _____ | <input type="checkbox"/> Construction Cost: _____ |
| <input type="checkbox"/> Number of Stories: _____ | <input type="checkbox"/> Elevator: Y or N |
| <input type="checkbox"/> Total Square Footage (Sign): _____ | |
| <input type="checkbox"/> Water: Central / Individual | <input type="checkbox"/> Sewer: Central / Individual |
| <input type="checkbox"/> Electric Company: _____ | <input type="checkbox"/> Mechanical Hood: Y or N |
| <input type="checkbox"/> Refrigeration: Y or N | |

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OWNER INFORMATION:

Name: _____ Phone: _____
Address: _____ Cell: _____
City: _____ Fax: _____
State: _____ Zip Code: _____ Email: _____

CONTRACTOR INFORMATION:

(Please check one of the following forms of notification)

Name: _____ ☐ Phone: _____
Address: _____ ☐ Cell: _____
City: _____ ☐ Fax: _____
State: _____ Zip Code: _____ ☐ Email: _____

DESIGN PROFESSIONAL:

Name: _____ Phone: _____
Email: _____ Fax: _____

ARCHITECT / ENGINEER:

Name: _____ Phone: _____
Email: _____ Phone: _____

Checklist of Information Submitted by the Applicant for Department of Planning & Development

- ☐ Completed Building Permit Application
- ☐ Recorded copy of Title, Deed or Cash Sale and/or Lease
- ☐ Survey of Property
- ☐ Board of Health Review Letter
- ☐ State Fire Marshall Review Letter PO# _____
- ☐ Site Plan
- ☐ Completed Set of Construction Documents including Riser Diagrams (Electronic PDF copy)
- ☐ Geotechnical / Soil Bearing Report
- ☐ Other _____

FEES:

Permit Fees: _____ Plan Review Fees: _____
Payment Method: _____ Total Fees: _____



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revised 07/19/2022

Request for address directions to jobsite

Permit Number: _____ Date: _____

Customer Name: _____

Phone Number: _____

- ☐ Eastern St Tammany
- ☐ Lacombe Area
- ☐ Western St Tammany

DESCRIBE IN DETAIL DIRECTIONS TO YOUR JOB SITE:

Indicate nearest intersection, major highways, any landmarks, nearest municipal address, and even or odd side or street etc. Please use North, South, East and West when describing directions.

Street _____

Subdivision _____

Directions _____

Failure to complete the above information will result in delay of permit issuance



CONTRACTOR'S JOB REGISTRATION

Sales & Use Tax Department
P.O. Box 1229 • Slidell, LA 70459
(985) 726-7777



BUILDER'S TRADE NAME: _____
(Full Name as Displayed on Signs/Advertising)

LEGAL NAME: _____

LEGAL TYPE: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Self-Build

CONTRACTOR'S LICENSES: LA # _____ St. Tammany Occupational # _____

BUILDER'S ADDRESS: Street _____
City/State/Zip _____
Telephone # _____

TOTAL COST or CONTRACT AMOUNT for Completed Structure: \$

Construction TYPE: ☐ New ☐ Renovation ☐ Addition ☐ Other: _____

Construction CLASSIFICATION: ☐ Residential
☐ Commercial _____
(Name of Project/Business)

JOBSITE ADDRESS: Subdivision _____
Street _____
City _____
Unit/Lot # _____

Will building materials or equipment be purchased or brought in from outside St. Tammany Parish and used in this project?
☐ Yes ☐ No

If YES, list Out-of-Parish Suppliers, Supplier Location, & Material Provided:

If you answered NO and this situation changes, notify this Authority before goods are delivered in this parish, or verify supplier is registered to collect taxes for St. Tammany Parish by calling our office at (985) 726-7777. **All materials are subject to 4.25% - 5.25% St. Tammany Parish Sales and/or Use Tax.** THIS REGISTRATION IS NOT ASSIGNABLE OR HERITABLE AND IS VALID FOR THIS JOB ONLY. BY SIGNING BELOW, I CERTIFY THAT ALL STATEMENTS CONTAINED HEREIN ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: _____ Title: _____ Date: _____