



Date: _____

Residential Permit Application

304 State Street . Jennings, LA 70546
PHONE (337) 824-6290 FAX (337) 824-8908

Project Name & Address: (if different from owners): _____

Owners Name: _____

Owners Address: _____ or (Same as above)

Email address: (to send receipts or correspondence) _____

Phone Number: _____

General Contractor: _____ License Number: _____

Phone: _____ Address: _____

Who is your Electricity Provider? _____ ACCOUNT # _____

Please provide account # if available

Plan Review: 70.00 Each Plan Review is sold SEPARATELY)

Please Check One That Applies:

New Residence - Cost of Construction _____ Total Sq Ft _____ Total Living _____

Addition/Renovation

Duplex

Mobile Home - Cost of Mobile Home _____ Size of Mobile Home _____

Home to be Moved/Elevated

Storage Building

Pole Barn

Generator

Solar Panels

Swimming Pool

Other (please specify) _____

Check ck# _____ Money Order mo# _____

PERMIT EXPIRES 180 DAYS AFTER ISSUE DATE