



## ST. TAMMANY PARISH

MICHAEL B. COOPER  
PARISH PRESIDENT

revised 08/10/2022

### REQUIREMENTS FOR COMMERCIAL SIGN PLAN REVIEW

- Completed Permit Application
- Legal Description of Property (recorded copy of title, deed, cash sale)
- Lease
  - Drawing of the sign(s) including dimensions, height, width and square footage and a color drawing of the sign face
  - Survey plat or site plan indicating: Location of Building(s) on site, width of building(s) onsite, sign location & setbacks, access, site triangles.
- Department of Planning & Development Review (985-898-2529)
- Complete set of stamped foundation plans (must have live stamp); preferably in electronic PDF format
- Completed Sheriff's Job Registration Form (over \$20,000)
- Permit fees

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

\*A 3% processing fee will be added to all credit card/e-check Transactions as per STP Ord. No. 18-3961, effective October 5, 2018.

- New Construction    \$300.00 + 0.31 per sq ft (of sign face)



**ST. TAMMANY PARISH**

MICHAEL B. COOPER  
PARISH PRESIDENT

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

**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                  |                                                      |

**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: \_\_\_\_\_



**ST. TAMMANY PARISH**

**MICHAEL B. COOPER**  
PARISH PRESIDENT

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: \_\_\_\_\_