

CITY OF CARENCRO, DEPARTMENT OF REGULATORY CODES & PERMITS, 210 E. ST. PETER STREET, P.O. DRAWER 10, CARENCRO, LA 70520  
(337) 896-7971 OR (337) 896-8481, FAX (337) 886-7546 E-MAIL [planning@carencro.org](mailto:planning@carencro.org)  
**BUILDING PERMIT APPLICATION**

Owner:\_\_\_\_\_ Phone # \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ Date:\_\_\_\_\_

Project Location:\_\_\_\_\_ Subdivision:\_\_\_\_\_ Lot # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

<b>Type of Construction:</b>	<b>Proposed Use:</b>	<b>Type of Frame:</b>
_____ New Building/Residential	_____ One Family	_____ Masonry (Wall bearing)
_____ Addition/Alteration/Remodeling	_____ Two or more Family-#of units _____	_____ Wood frame
_____ Commercial --Name of Business: _____	_____ Hotel/Motel/Dormitory/Apartments-#of Units _____	_____ Structural Steel
_____ House Moving/Relocation	_____ Garage/Carport	_____ Reinforced Concrete
_____ Demolition (No Charge)	_____ Other—Specify _____	_____ Other—Specify _____
_____ Other-Specify _____	_____ Movable Home to be located outside of Carencro City Limits	
	<i>Is site plan attached to permit?</i> _____	<i>Is approved Rescheck/Comcheck attached to permit?</i> _____
	<i>Commercial Plan Review Fee: _____ # of sheets @ \$10.00 per sheet (\$200.00 minimum) \$ _____ Total</i>	
	<i>Residential Plan Review Fee: <b>\$100.00 Flat Rate</b></i>	

<b>Type of Heating Fuel:</b>	<b>Type of Sewerage Disposal:</b>	<b>Type of Water Supply:</b>	<b>Will there be Central A/C?</b> ____yes ____no
_____ Gas	_____ Public or Private Company	_____ Public or Private Company	<b>Will there be an elevator?</b> ____yes ____no
_____ Oil			
_____ Electricity	_____ Individual (Septic Tank)	_____ Individual (well, etc...)	<b>Construction Value?</b> \$ _____
Entergy or Slemco (Circle One)			
_____ Other—Specify _____	<b>Commercial Permits: Is Fire Marshal Approval Attached?</b> _____ <b>Is DHH Approval Attached?</b> _____		

<b>General Information:</b>	<b>Contractor/Architect Information:</b>	<b>Flood Zone Information:</b>	<b>Cost of Permit:</b> \$ _____
Number of Stories _____	Name: _____	Flood Zone _____	Paid by ____ Cash or ____ Check # _____
Number of Bedrooms _____	Address: _____	Base Flood Elevation _____	Visa _____ MasterCard _____
Total Square Footage _____	Phone #: _____	Panel # 22055C00 _____ G	City Official: _____
Living Sq. Foot _____	License #: _____	Map Date: January 19, 1996	Date: _____
		Elevation Certificate Attached? ____yes ____no	

Applicant Signature:\_\_\_\_\_ Date:\_\_\_\_\_ **\*\*\*Note\*\*\* Permit will expire 180 days after issue date.**