

PERMIT # \_\_\_\_\_

**MADISON PARISH POLICE JURY  
BUILDING PERMIT APPLICATION  
APPLICATION MUST BE ACCOMPANIED BY CASHIERS CHECK,  
PERSONAL CHECK, MONEY ORDER OR CASH \*\*\*\***

IMPORTANT- COMPLETE ALL items. Mark boxes where applicable, Print or Type

I. Name of Applicant \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

LOCATION OF BUILDING	E911 NUMBER and STREET	SUBDIVISION	LOT NO.
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**\*\*IMPORTANT NOTE\*\* ALL NEW HOME BUILDERS ARE REQUIRED TO PROVIDE A CONTRACTORS ESTIMATE OF BUILDING COST.**

\* Plot plans are required for ANY additions or constructions. This plot plan shall show existing buildings, additions to those existing buildings, new buildings, and other improvements to the lot, such as, parking spaces, loading spaces, and driveways. ALL dimensions shall be shown, including lot and yard dimensions.

<b>II. TYPE AND COST OF BUILDING –</b> All Applicants Complete A-D <input type="checkbox"/> Residential <input type="checkbox"/> Non- Residential	<b>FOR OFFICE USE ONLY</b> Elevation of building site: _____
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**PLEASE READ THE FOLLOWING:**  
**FEMA REQUIRES THAT ANYONE BUILDING A HOME, LOCATING OR RELOCATING A TRAILER, OR PLACING ANY METAL BUILDING IN A FLOOD ZONE, MUST HAVE AN ELEVATION CERTIFICATE THAT STATES THE BASE FLOOR LEVEL IS ABOVE THE 100 YEAR FLOOD PLAIN. ANY CERTIFIED ENGINEER CAN SUPPLY THIS CERTIFICATE.**

<u><b>A. CATEGORY</b></u> 1) <input type="checkbox"/> New Building or Home 2) <input type="checkbox"/> Mobile Home, a. Year or Mobile Home _____ b. Serial # _____ 3) <input type="checkbox"/> Camper 4) <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any in part D) 5) <input type="checkbox"/> Alternation 6) <input type="checkbox"/> Repair, replacement 7) <input type="checkbox"/> Moving (relocation) 8) <input type="checkbox"/> Foundation only	<u><b>B. OWNERSHIP</b></u> 1) <input type="checkbox"/> Private (individual, corporation non profit institution etc. 2) <input type="checkbox"/> Public (Federal, State, or Local Government)
<u><b>D. TRADE PERMIT</b></u> 1) <input type="checkbox"/> Electrical Type 1. <input type="checkbox"/> Electric Fence 2. <input type="checkbox"/> Water Well 3. <input type="checkbox"/> Water Meter 2) <input type="checkbox"/> Plumbing 3) <input type="checkbox"/> Mechanical	<u><b>C. COST</b></u> 1) Cost of building house/trailer or improvement \$ _____ 2) Total Cost \$ _____ 3) Project Cost \$ _____ 4) Home Improvement Contract <input type="checkbox"/> yes <input type="checkbox"/> no
<u><b>E. Type Meter Loop</b></u> 1. <input type="checkbox"/> Permanent 2. <input type="checkbox"/> Temporary 3. <input type="checkbox"/> Trailer 4. <input type="checkbox"/> Meter Base Change Out 5. <input type="checkbox"/> Addition to Facility	

**III. SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete Parts F-L; for all others, skip to IV.**

<u><b>F. PRINCIPAL TYPE OF HOME</b></u> 1) <input type="checkbox"/> Brick 2) <input type="checkbox"/> Brick/Siding 3) <input type="checkbox"/> Brick/Stucco 4) <input type="checkbox"/> Siding 5) <input type="checkbox"/> Wood	<u><b>G. PRINCIPLE TYPE OF HEATING FUEL</b></u> 1. <input type="checkbox"/> Gas                      6. <input type="checkbox"/> Stucco 2. <input type="checkbox"/> Oil                        7. <input type="checkbox"/> Asbestos 3. <input type="checkbox"/> Electricity                8. <input type="checkbox"/> Structural Steel 4. <input type="checkbox"/> Coal 5. <input type="checkbox"/> Other, specify _____
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<b>H. TYPE OF SEWAGE DISPOSAL</b> 1) <input type="checkbox"/> Public (If public, permit # not needed) 2) <input type="checkbox"/> Individual Septic tank w/field line <input type="checkbox"/> a. Mechanical <input type="checkbox"/> b. Oxidation Pond 3) <input type="checkbox"/> Permit Number _____	<b>I. HEATING AND COOLING</b> 1) Central <input type="checkbox"/> , Window <input type="checkbox"/> , Space <input type="checkbox"/> , Wall <input type="checkbox"/> Fireplace <input type="checkbox"/> 2) Construction Type: Slab <input type="checkbox"/> , Pier Combination <input type="checkbox"/> 3) <input type="checkbox"/> None
<b>J. DIMENSIONS</b> 1) Number of stories (1 <input type="checkbox"/> ) (2 <input type="checkbox"/> ) (3 <input type="checkbox"/> ) 2) Total first floor _____ 3) Total second floor _____ 4) Total sq. feet under roof including car port, garage, and porches _____	<b>K. RESIDENTIAL BUILDING ONLY</b> 1) Number of bedrooms _____ 2) Number of full baths _____ a) Number of partial baths _____ b) Living Room _____, Dining Room _____, Den _____, Utility _____ 3) Total Number of Rooms _____
<b>L. TYPE OF ROOF:</b> Metal <input type="checkbox"/> Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Composite <input type="checkbox"/> Other <input type="checkbox"/>	

**IV. IDENTIFICATION- TO BE COMPLETED BY ALL APPLICANTS**

	NAME	ADDRESS	PHONE #
1. OWNER OF LAND			
2. OWNER OF IMPROVEMENT			
3. CONTRACTOR a. Workers Comp <input type="checkbox"/> yes <input type="checkbox"/> no b. General Liability <input type="checkbox"/> yes <input type="checkbox"/> no			
4. ARCHITECT			

V. THE OWNER OF THIS BUILDING AND THE UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE LAWS OF MADISON PARISH, LOUISIANA & THE STATE OF LOUISIANA. UNDER PENALTIES OF PERJURY, I DECLARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS ABOVE ARE TRUE, CORRECT, AND ACCURATE.

SIGNATURE OF APPLICANT	DATE	
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**\*\*NOTE\*\* THIS APPLICATION WILL EXPIRE ONE (1) YEAR FROM THE DATE OF THE APPLICATION.**

DO NOT WRITE IN THIS SPACE- FOR OFFICE USE ONLY

APPROVED BY:	PERMIT FEE:	DATE PERMIT ISSUED	PERMIT NUMBER	MAP NO.
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TOWNSHIP:	RANGE:	SECTION:
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# GENERIC MANUFACTURED HOME PLUMBING & ELECTRICAL REQUIREMENTS

## GENERIC P-TRAP & VENT REQUIREMENTS

CODE: MINN LUTHERANA STATE PLUMBING CODE

### APPROVED MATERIALS

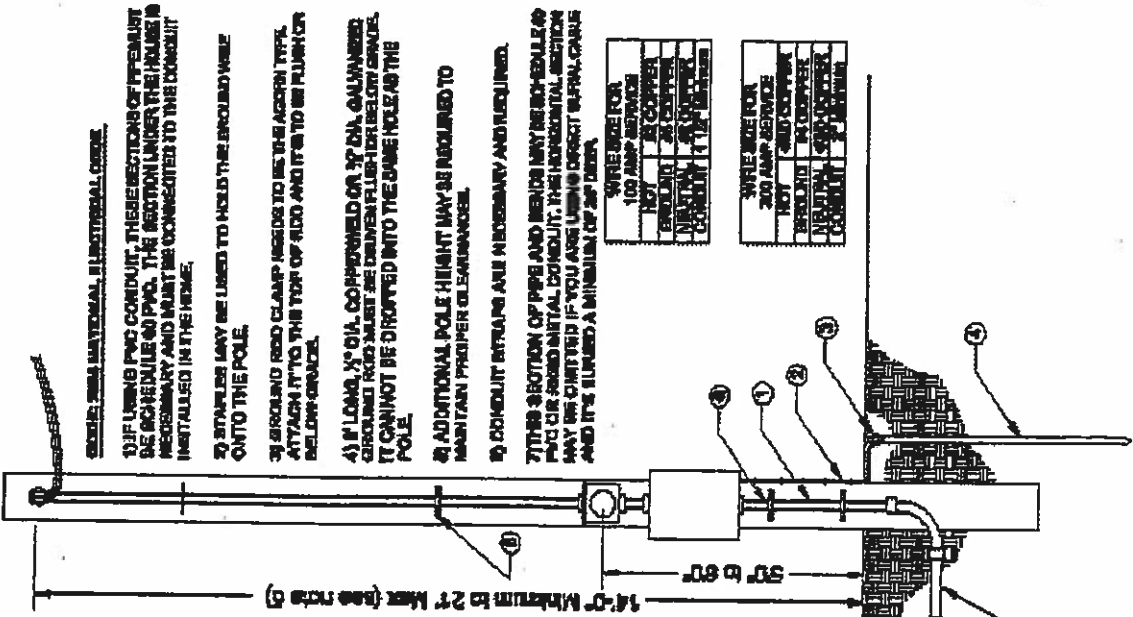
- TRAP SEWER
- CHART IRON PIPE & FITTINGS
- ABS OR PVC PLASTIC PIPE AND FITTINGS, SCH 40
- DO NOT MIX ABS AND PVC PIPE OR FITTINGS

### 2" MINOR PIPES

- CHART IRON
- VITRIFIED CLAY
- APPROVED PLASTIC PIPE & FITTINGS, SCH. 40 OR 20 OR HEAVIER, AT LEAST 6 FEET OUTSIDE THE HOME, TO THE SEWER SYSTEM.

NOTE: D-GESD PVC IS NOT APPROVED FOR ANY PART OF SYSTEM.

## GENERIC SERVICE POLE REQUIREMENTS



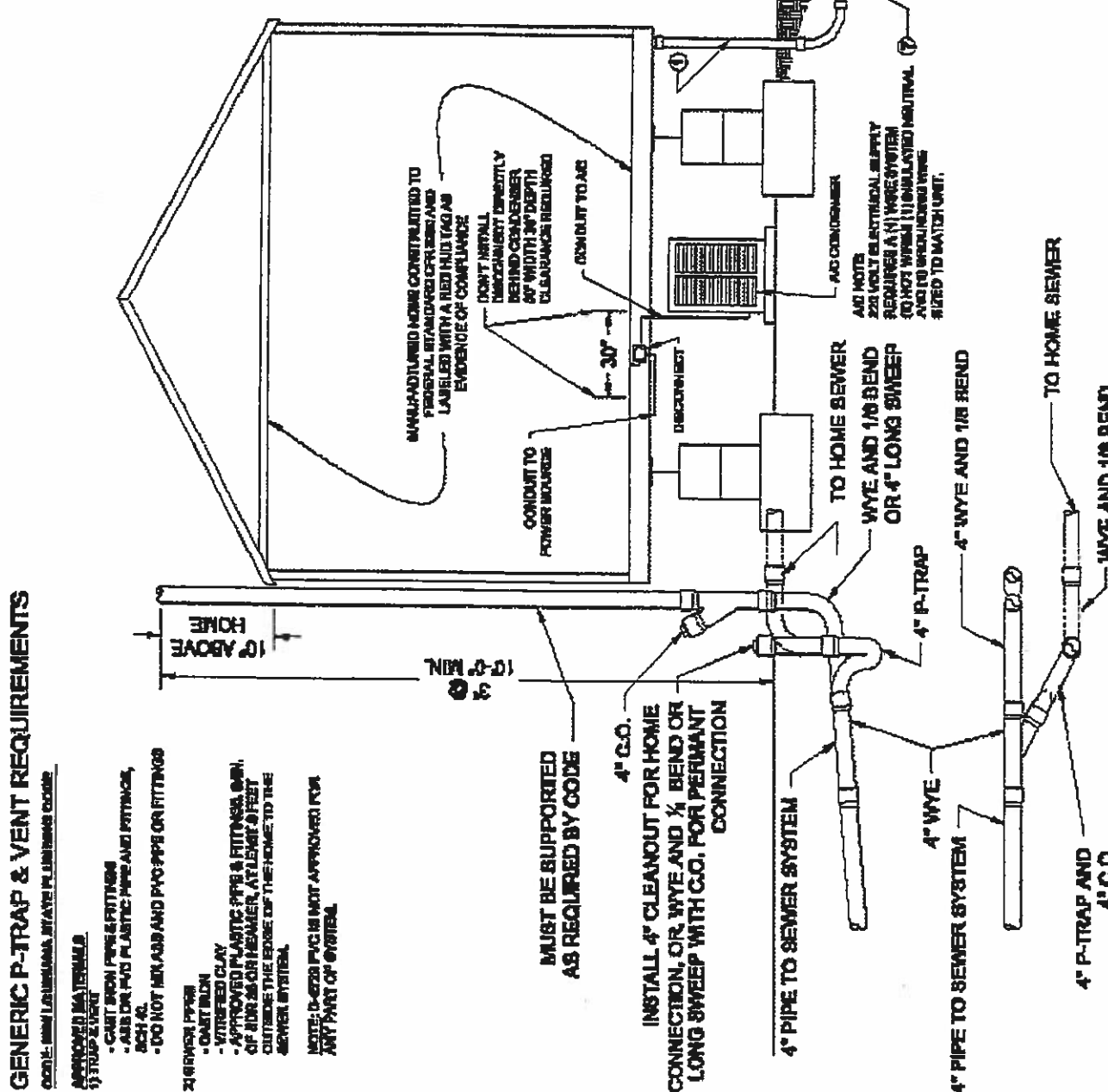
CODE: MINN LUTHERANA STATE PLUMBING CODE

- IF USING PVC CONDUIT, THE SECTIONS OF PIPE MUST BE IDENTIFIED AS P.V.C. THE IDENTIFICATION LABELS ARE NECESSARY AND MUST BE CONNECTED TO THE CONDUIT INSTALLED IN THE HOME.
- STAPLES MAY BE USED TO HOLD THE ENDS HERE ONTO THE POLE.
- GROUND RING CLAMP MUST BE USED TO BE THE APPROX. TYPE, ATTACH IT TO THE TOP OF RING AND IT IS TO BE PLUNKER BELOW GRADE.
- IF LONG, 1/2 DIA. COMPRESSED OR 3/4 DIA. GALVANIZED CHECKED RING MUST BE DOWN 1/2" BELOW GRADE. IT CANNOT BE DROPPED INTO THE SAME HOLE AS THE POLE.
- ADDITIONAL POLE HEIGHT MAY BE REQUIRED TO MAINTAIN PROPER CLEARANCE.
- CONDUIT STRAPS ARE NECESSARY AND REQUIRED.

THE SECTION OF PIPE AND BENDS MUST BE IDENTIFIED AS PVC OR APPROVED MATERIAL. CONDUIT, THE IDENTIFICATION LABELS ARE NECESSARY AND MUST BE CONNECTED TO THE CONDUIT INSTALLED IN THE HOME.

WIRE SIZE FOR 100 AMP SERVICE	
NEUTRAL	2# COPPER
GROUND	2# COPPER
CONDUIT	1 1/2" MINIMUM

WIRE SIZE FOR 200 AMP SERVICE	
NEUTRAL	2# COPPER
GROUND	2# COPPER
CONDUIT	2" MINIMUM



MANUFACTURED HOME COMMITTED TO FEDERAL STANDARDS FOR ABS AND LABELED WITH A RED HULL TAG AS EVIDENCE OF COMPLIANCE

DO NOT INSTALL DISCONNECT DIRECTLY BEHIND CONDENSER OR WITHIN 20\"/>

INSTALL 4\"/>

MUST BE SUPPORTED AS REQUIRED BY CODE

AIR NOTES: 220 VOLT ELECTRICAL SUPPLY REQUIRES A (4) WIRE SYSTEM (NO HOT WIRE) (1) INSULATED NEUTRAL AND (2) UNINSULATED WIRE SIZED TO MATCH UNIT.

4\"/>



**J. D. (JIM) SEVIER, CLA**  
ASSESSOR

PHONE: (318) 574-0117  
FAX: (318) 574-0127

**MADISON PARISH TAX ASSESSOR'S OFFICE**  
P. O. Box 423  
TALLULAH, LOUISIANA 71282

ROSE F. CLAXTON, DEPUTY  
KAMACHA GUINN, DEPUTY  
KIRK S. MORLEY, DEPUTY  
L. BRYAN DABNEY, DEPUTY

**Self Reporting Form For Mobile Homes**

Name: \_\_\_\_\_

Ward: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

According to Act#829 of the 1990 Regular Session of the Louisiana Legislature, the following

Information must be furnished to the Madison Parish Assessor's Office:

Trailer size(width & length): \_\_\_\_\_

Color: \_\_\_\_\_

\_\_\_\_\_

Year Model: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Purchased: \_\_\_\_\_

Brand Name: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Number of Baths: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Fireplace: \_\_\_\_\_

Central Heat/Air: \_\_\_\_\_ Porches & Size: \_\_\_\_\_

Carport & Size: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Type & Number of other rooms: \_\_\_\_\_

Do you have an outside storage building? \_\_\_\_\_

If so, size: \_\_\_\_\_ Date built/brought: \_\_\_\_\_

Name of land owner where trailer is located if you do not own land: \_\_\_\_\_

Address of trailer: \_\_\_\_\_

Thank you for your cooperation. If you have any questions concerning this form, please feel free to contact our office at (318)574-0117.

# **Inspection of Louisiana, LLC**

LUTHER SANSON

318 - 614 - 9570 Cell

2600 N. 10<sup>TH</sup> St.

318 - 396 - 4458

West Monroe, LA 71291

## **Parish Sanitarian**

Jason Pylant

318-728-4441