



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: _____