

**TOWN OF GRAND ISLE  
BUILDING PERMIT APPLICATION**  
Phone: 985-787-3196 Fax: 985-787-3859

<b>Office Use Only</b>	
Receipt # :	\$
Permit # :	\$
Permit Fee:	\$
Plan Rev. Fee:	\$
Inspection Fee:	\$
TOTAL:	\$

**Project Description:**

Job Site House #: \_\_\_\_\_

Job Site Street Name: \_\_\_\_\_

*You must have an Entergy & Town of G.I. Util. (Garbage) Account # listed below, before a permit will be issued.*

Entergy Acct #: \_\_\_\_\_

Town of G.I. (garbage) Acct #: \_\_\_\_\_

**OWNER**

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Applicant (if other than owner)**

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

**Contractor**

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

License #: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Proof of land ownership**

*Copy of Property Tax Bill or Land bill of sale must accompany application*  
Prop. Tax Bill #: \_\_\_\_\_ Tax Yr: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Lot: \_\_\_\_\_ Square: \_\_\_\_\_

Lot size - Length \_\_\_\_\_ x Width \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

<b>Check One Below</b>	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Trailer Placement
<input type="checkbox"/> Repairs	<input type="checkbox"/> Wharves/Piers
<input type="checkbox"/> Demolition	<input type="checkbox"/> Bulkhead
<input type="checkbox"/> Renovation	<input type="checkbox"/> Signs
<input type="checkbox"/> Additions	<input type="checkbox"/> Fence
<input type="checkbox"/> Culverts	<input type="checkbox"/> Other _____

Building Use: \_\_\_\_\_ (Ex. Resident, Summer Home)

Building height to lowest sill: \_\_\_\_\_

Porch dimension: \_\_\_\_\_ x \_\_\_\_\_

Porch Sq. Ft.: \_\_\_\_\_ Square Feet

Building dimension: \_\_\_\_\_ x \_\_\_\_\_

Building Sq. Ft.: \_\_\_\_\_ Square Feet

Lower Enclosure: \_\_\_\_\_

**Type of Material Using** (Ex. wood, metal, concrete):

\_\_\_\_\_

\_\_\_\_\_

**Estimated Value of Materials & Labor:** \_\_\_\_\_

Zone District: \_\_\_\_\_ Flood Zone: circle- VE or AE

Elevation Cert: \_\_\_\_\_ Panel # \_\_\_\_\_

**OWNER OR CONTRACTOR MUST HAVE DUMPSTER ON SITE. LOT MUST HAVE NO TRASH OR DEBRIS TO HAVE FINAL POWER TURNED ON.**

**Work must begin within 90 days & completed within one year or permit will be invalid.**

I do hereby certify that all Federal, state, and local codes have been met. I understand that certain requirements by the ICC will apply to this application. It is the obligation of the applicant to understand and abide by all requirements. I do hereby agree to hold harmless the Town of G.I. and/or any of its representatives of Liability for damages or injuries resulting from failure to comply with all applicable codes and requirements.

Witness: \_\_\_\_\_ Date: \_\_\_\_\_