



P.O. Box 400 * St. Francisville, LA 70775
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Building Official Email: buildingofficial@townofstf.com

BUILDING PERMIT APPLICATION – COMMERCIAL

PROJECT NAME: _____

PROJECT ADDRESS: _____

PROJECT CONTRACT VALUE: \$ _____ BUILDING AREA: _____

OF BUILDING STORIES: _____ BUILDING USE: _____

ZONING USE DISTRICT: _____

OVERLAY DISTRICT: _____

**** Overlay District may require additional reviews by the Architectural Design Review Board (ADRB) and the Historic District Commission.***

APPLICANT(S): _____

APPLICANT MAILING ADDRESS: _____

APPLICANT PHONE #: _____ APPLICANT EMAIL: _____

PROPERTY OWNER(S): _____

ADDRESS: _____

OWNER'S PHONE #: _____ OWNER'S EMAIL: _____

LESSEE (if applicable): _____

LESSEE MAILING ADDRESS: _____

LESSEE PHONE #: _____ LESSEE EMAIL: _____

PROFESSIONAL OF RECORD (POR): _____ LICENSE #: _____

POR ADDRESS: _____

POR PHONE #: _____ POR EMAIL: _____

CONTRACTOR: _____ LICENSE #: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE #: _____ CONTRACTOR EMAIL: _____

PROJECT CONTACT PERSON: _____ CONTACT PHONE #: _____

SUBMITTED BY: _____ DATE: _____

CONSTRUCTION INFORMATION: Review Type

NEW CONSTRUCTION

- Complete Build-out
- Partial Build-out
- Foundation Only
- Shell Only

RENOVATION OR ADDITION TO AN EXISTING BUILDING

- Alteration Level 1 (Minor alterations or repairs)
- Alteration Level 2 (<50% of the square footage of the building)
- Alteration Level 3 (50% or more of the square footage of the building)
- Addition(s)
- Change in use of the building *Check Previous Occupancy Below.

- _____ Assembly
- _____ Institutional
- _____ Business
- _____ Mercantile
- _____ Education/Day-Care
- _____ Residential
- _____ Factory/Industrial
- _____ STORAGE
- _____ High Hazard
- _____ Utility/Miscellaneous
- _____ Unknown

- Date of Original Building: _____
- Date of latest major renovation to this building: _____
- Existing Square Feet: _____
- Addition Square Feet: _____
- Renovated Square Feet: _____

MISC CONSTRUCTION

- Kitchen Exhaust Hood Construction
- Paint Booth Construction
- Generator Installation
 - *Check Level Below.
 - _____ Level I
 - _____ Level II
- Clean Agent Room Construction

Foundation: _____

Construction Type: _____

Outside Wall: _____

Roofing Material: _____

Roof Type: _____

Total Square Footage: _____

Total Accessory Footage: _____

Structure Height: _____

Electrical Utilities Provider: _____ DEMCO or _____ Entergy

DESIGN LOADS

- First Floor Live Loads: _____
- Floor Live Loads above the 1st floor: _____
- Corridor Live Loads: _____
- Roof Live Loads: _____
- Roof (Ground) Snow Loads: _____

WIND DESIGN DATA

Disclaimer: The Ultimate Design Wind Speed value is based on the verified map location for the project. For Components & Cladding Wind Pressure, please indicate the largest value when multiple values are applicable.

- Ultimate Design Wind Speed: _____
- Nominal Design Wind Speed: _____
- Risk Category: _____
- Wind Exposure Category: _____
- Applicable Internal Pressure Coefficient: _____
- Components & Cladding Wind Pressure: _____

FLOOD DESIGN DATA

- Adjusted Base Flood Elevation (ABFE): _____
- Finish Floor Elevation: _____
- Elevation of Lowest Member: _____
- Flood Zone: _____
- Base Flood Elevation: _____
- Design Flood Elevation: _____

OCCUPANCY CLASSIFICATION(s):

**Select Classification Description that applies*

() ASSEMBLY

**Check Group Below*

- () Group A-1
- () Group A-2
- () Group A-3
- () Group A-4
- () Group A-5

**Check Occupant Size Below*

- () 50 TO 299 OCCUPANTS
- () 300 TO 499 OCCUPANTS
- () 500 TO 999 OCCUPANTS
- () 1,000 OCCUPANTS OR MORE

() INSTITUTIONAL

**Check Group Below*

- () Group I-1 (Group Care)
- () Group I-2 (Health Care)
- () Group I-3 (Detention/Correction)

**Check Condition Below*

- _____ CONDITION 1
- _____ CONDITION 2
- _____ CONDITION 3
- _____ CONDITION 4

- () Group I-4 (Day-Care)
 - Number of Children over 2-1/2 years of age: _____
 - Number of Children 2-1/2 years of age or less: _____
 - Number of Adults (if Adult Day Care): _____

() BUSINESS

() MERCANTILE

**Check Group Below*

- () Class A (>30,000 sq. ft.)
- () Class B (Between 3,000 and 30,000 sq. ft.)
- () Class C (<3,000 sq. ft.)

() EDUCATIONAL OR DAY-CARE

OCCUPANCY CLASSIFICATION(s): Continued

() RESIDENTIAL

**Check Group Below*

- () Group R-1 (Hotel/Motel - Primarily Transient)
- () Group R-2 (Apartments- Primarily Permanent)
- () Group R-3 (Small Miscellaneous)
- () Group R-4 (Small Residential Care for <16 Occupants)
 - Number of Occupants: _____

() FACTORY / INDUSTRIAL

**Check Group Below*

- () Group F-1 (Moderate Hazard)
- () Group F-2 (Low Hazard)

() STORAGE

**Check Group Below*

- () GROUP S-1 (Moderate Hazard)
 - Identify the materials to be stored: _____
- () GROUP S-2 (Low Hazard)
 - Identify the materials to be stored: _____
- () HIGH HAZARD

**Check High Hazard Group Below*

- _____ GROUP H-1 DETONATION HAZARD
- _____ GROUP H-2 DEFLAGRATION HAZARD
- _____ GROUP H-3 COMBUSTIBLE HAZARD
- _____ GROUP H-4 HEALTH HAZARD
- _____ GROUP H-5 HAZARDOUS PRODUCTION MATERIALS

() UTILITY / MISCELLANEOUS

Provide a Description of Use: _____

SUBMITTAL REQUIREMENTS:

- _____ 1. Completed and signed application.
- _____ 2. Copy of Deed/Act of Sale to property.
- _____ 3. Lease, if applicable.
- _____ 4. Survey of property, signed and dated by a licensed land surveyor or engineer.
- _____ 5. Detailed set of complete plans- Two sets of 2'x3' sheets and two sets of 11"x17" sheets. Plans must be drawn to scale. Plans shall be stamped by a Louisiana licensed architect or engineer if so required by the Architects Licensing Law, L.R.S. 37:155.
 - Utility Plans must show backflow preventer with details for water lines (size, type, location)
 - Utility Plans must show check valve details for sewer line in accordance with attached sewer specifications.
 - Landscape plan, if required, must be drawn to scale and stamped by a Louisiana licensed architect or engineer.
 - Detailed sign plan (a separate permit is required)
 - Site plan showing location of all existing and proposed structures, distances between existing structures and proposed structures, proposed setbacks from property lines, and detailed parking plan.
 - See Louisiana State Fire Marshal building code check list as referenced.
- _____ 6. Grade Certificate/Benchmark Certificate signed and dated by a licensed land surveyor ONLY if in an AE or VE flood zone. Also, a VE Design Certificate signed by a registered professional engineer or architect, if in a VE flood zone.
- _____ 7. Sign Permit - separate sign permit application & approval required / see SIGN PERMIT APPLICATION
- _____ 8. Health Department approval, if applicable. PHONE #225-635-3644
- _____ 9. Office of State Fire Marshal approval. (225) 925-4911
- _____ 10. DOTD approval, if applicable. (225) 638-7286
- _____ 11. Payment of Permit fee

*NOTE-Additional permits and/or approvals may be required, road crossing permit, demolition permit, DEQ permit, etc.

COMMERCIAL INSPECTION GUIDELINES:

YOU MUST CALL FOR AN INSPECTION DURING EACH PHASE OF CONSTRUCTION.

- _____ 1. Temporary power pole - Call
- _____ 2. In-ground plumbing/site de-grassing - Call
- _____ 3. Foundation (pre-pour) - Call
- _____ 4. “Building Under Construction” Elevation Certificate, signed and stamped by a licensed land surveyor, if in an AE or VE flood Zone. Submit certificate to:
- _____ 5. Building Official - 1st inspection - Call
 - Setbacks met

ALL OF THE ABOVE REQUIREMENTS MUST BE MET AND APPROVED BY TOWN OF ST. FRANCISVILLE PLANNING & ZONING BOARD PRIOR TO POURING THE FOUNDATION.

- _____ 6. Electrical rough-in - Call
- _____ 7. Plumbing top out - Call
- _____ 8. Mechanical rough-in - Call
- _____ 9. Framing - Call
- _____ 10. Insulation - Call
- _____ 11. Final electrical - Call
- _____ 12. Final mechanical - Call
- _____ 13. Final plumbing - Call
- _____ 14. Attic Insulation - Call
- _____ 15. Final building (Certificate of Compliance) - Call
- _____ 16. First sewer inspection: inspection of uncovered lines after connection to the public sewer system. (see attached sewer specifications) - Call Town of St. Francisville / Utility Department 635-3688.
- _____ 17. Second sewer inspection including check valve – Call Town of St. Francisville / Utility Department 635-3688 (You will not receive a Certificate of Occupancy if you do not have this inspection)
- _____ 18. “Finished Construction” Elevation Certificate, signed and stamped by a licensed land surveyor, if in an AE or VE flood zone. Submit Certificate to Town of St. Francisville / Building Official 225-635-3688
- _____ 19. Building Official 2nd inspection: - Call Town of St. Francisville / Building Official 225-635-388
 - Construction debris removed from property including port-o-let
 - Landscaping installed according to approved plan
 - Parking complete and striped
 - No construction related damage to street/curb or other public property
 - Driveways & sidewalks installed and approved
- _____ 20. Fire Marshal Inspection (ok for permanent occupancy) - Submit to Town of St. Francisville / Building Official 225-635-3688
- _____ 21. Health Department final - Submit to Town of St. Francisville / Building Official 225-635-3688
- _____ 22. Backflow inspection by third party inspector- Submit Report to Town of St. Francisville / Building Official 225-635-3688.
- _____ 23. Backflow preventer test completed and Submit to Town of St. Francisville / Building Official 225-635-3688.