

Building Permit Application Checklist – Commercial New Construction & Renovations

Checklist:

- _____ 1. Please contact office for zoning verification
- _____ 2. Pre application conference is mandatory for all commercial projects
- _____ 3. Site plan must be to scale and needs to include:
 - Location of all existing and proposed structure/s
 - Distances between existing structures and proposed structures
 - Proposed and/or existing setbacks from property lines
 - Building height and total square foot of building
 - Total lot coverage (must be no more than 60%)
 - Parking - *Standards are in Section 5. General Provisions*
 - Number of spaces
 - Ingress and egress
 - Landscape islands location/s
 - ADA compliance parking spaces
 - Lighting
 - Landscape plan - *Standards are in Section 4. Overlay Districts & Section 5. General Provisions*
 - Parking lots
 - Lighting - *Standards are in Section 5. General Provisions*
 - Signage placement - *Standards are in Section 7. Sign Regulations*
 - Complete sign permit separately for size, materials, illumination, landscaping
 - Generator placement
 - Dumpster & enclosure placement - *Section 5: General Provisions*
 - North arrow and a legend explaining all symbols
- _____ 4. Separate site plan for infrastructure
 - Location of backflow preventer with details for water lines (size, type, location)
 - Water tie in and gas tie in
 - Must show check valve details for sewer line in accordance with attached sewer specifications
- _____ 5. Completed and signed application
 - A. Survey of property, signed and dated by a licensed land surveyor or engineer
 - B. Detailed set of complete plans- Two sets of 2'x3' sheets and two sets of 11"x17" sheets.
 - C. Payment of Permit fee

The information presented on the check list is the basic requirements for the application process. There may be additional requirements once application is submitted to building official for review and approval. Please contact our office if you have any questions.

Ordinances can be found at st.franciville.net and library.muncicode.com

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



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BUILDING PERMIT APPLICATION – COMMERCIAL

PROJECT NAME: _____

PROJECT ADDRESS: _____

PROJECT CONTRACT VALUE: \$ _____ BUILDING AREA: _____

OF BUILDING STORIES: _____ BUILDING USE: _____

ZONING USE DISTRICT: _____ OVERLAY DISTRICT: _____

**PROJECTS LOCATED WITHIN AN OVERLAY DISTRICT MAY REQUIRE ADDITIONAL REVIEWS- ADRB
(ARCHITRECTORAL DESIGN REVIEW BOARD) AND/OR HDC (HISTORIC DISTRICT COMMISSION)**

PERMITS SHALL BE ISSUED IN THE NAME OF THE PROPERTY OWNER ONLY – NO REFUNDS

PROPERTY OWNER(S): _____

ADDRESS: _____

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

LESSEE (if applicable): _____

LESSEE MAILING ADDRESS: _____

LESSEE PHONE #: _____ LESSES 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 #: _____

*******MANDATORY REQUIREMENT FOR ALL COMMERCIAL PROJECTS*******

All commercial projects are required to have a construction debris dumpster onsite for the duration of the construction project.

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 ___ 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

() 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: _____

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 225-635-3688
 - 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.