CITY OF ABBEVILLE
BUILDING PERMIT APPLICATION

□ Commercial Building □ Residential Building

Application is hereby made for a building permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all City and State Laws and Ordinances, and which are hereby agreed to by the undersigned and which shall be deemed a condition entering into the exercise of this permit.

PROPERTY OWNER: (as shown on deed)

Full Name: _____ Phone: _____

Mailing Address _____

Email Address: _____

Address of Construction: _____

New Dwelling Construction, are there any other dwellings on this tract: _____ How many? _____

Existing Structure (number and type): _____

APPLICANT: (if not property owner)

Full Name: _____ Phone: _____

Mailing Address _____

Email Address: _____

CONTRACTOR INFORMATION:

Name: _____

Mailing Address: _____

Email Address: _____

Phone: _____ Louisiana State Contractor's License #: _____

CONSTRUCTION INFORMATION:

Construction Value: _____ Estimated Completion Date: _____

Dimensions" Finished Area: _____ Unfinished Area: _____

Height of structure: _____ feet Square Footage: _____

TYPE OF IMPROVEMENT:

□ New Construction
□ Addition
□ Renovations
□ Modular
□ Repair Flood
□ Hurricane Damage
□ Moving/Relocating
□ Swimming Pool
□ Structure Lifting/ (Foundation/Footing)
□ Generator Installation
□ Other, Specify _____

PROPOSED USE: (Residential/Commercial

□ Garage/Carport/Porch
□ Fence (Taller than 7 ft)
□ Barn
□ Shop/Shed/Storage
□ One Family
□ Roof Repair
□ Non-Structural
□ Outdoor Kitchen
□ Other, Specify _____

PROPOSED USE: (Commercial Only)

□ Boring for Utilities
□ Apartments
□ Clean-up Remediation Systems
□ Fence (Taller than 7 ft)
□ Hotel/Motel
□ Amusement/Recreation
□ Church
□ Industrial
□ Service/Repair Station
□ Hospital
□ Medical Institution
□ Office/Bank
□ Retail Store
□ Government
□ Schools use
□ Other, Specify _____

Revised 03/2022

CITY OF ABBEVILLE 101 N. State St Abbeville, LA 70510

Residential Re-Roofing

Scope of Work

PROPERTY OWNER:

Owner Name:_____

Owner Address:_____

CONSTRUCTION DETAILS:

Location Wind Speed:_____

Repair Decking as Needed (Yes or No):_____

Underlayment (type & manufacturer): _____

Number of Underlayment Layers:_____

Covering Type (asphalt shingles, metal, etc.):_____

Asphalt/Metal Roof Classification:_____

Additional Comments:_____

_____

_____

CONTRACTOR INFORMATION:

Contractor Name:_____

Contractor Classification:_____

Contractor License Number:_____

I_____certify that all construction shall meet Chapter 9 of the 2021 IRC and/or Chapter 15 of the 2021 IBC, Roof Assemblies as required by Title 17 (R.S. 40:1730.28) of the Louisiana Administrative Code.