



# 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:**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Repair Flood      | <input type="checkbox"/> Structure Lifting/<br>(Foundation/Footing) | <input type="checkbox"/> Other, Specify<br>_____ |
| <input type="checkbox"/> Addition         | <input type="checkbox"/> Hurricane Damage  | <input type="checkbox"/> Generator Installation                     |  |
| <input type="checkbox"/> Renovations      | <input type="checkbox"/> Moving/Relocating |   |  |
| <input type="checkbox"/> Modular          | <input type="checkbox"/> Swimming Pool     |   |  |

**PROPOSED USE: (Residential/Commercial)**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Garage/Carport/Porch     | <input type="checkbox"/> Shop/Shed/Storage | <input type="checkbox"/> Non-Structural  | <input type="checkbox"/> Other, Specify<br>_____ |
| <input type="checkbox"/> Fence (Taller than 7 ft) | <input type="checkbox"/> One Family        | <input type="checkbox"/> Outdoor Kitchen |  |
| <input type="checkbox"/> Barn                     | <input type="checkbox"/> Roof Repair       |  |  |

**PROPOSED USE: (Commercial Only)**

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

# Roofing Information Form

## **PROPERTY OWNER INFORMATION:**

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Roof Pitch: \_\_\_\_\_ ASCE/SEI 7-16 Wind Speed: \_\_\_\_\_

## **CONTRACTOR INFORMATION:**

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

License Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

## **CONSTRUCTION DETAILS:**

Decking Information: (Not Required for New Construction)

Decking Material & Thickness: \_\_\_\_\_

Fastener Type & Size: \_\_\_\_\_

Spacing of Fasteners: \_\_\_\_\_ Edge \_\_\_\_\_ Field

Underlayment Requirements: (2 Layers (**MF**)Mechanically Fastened or 1 Layer (**SA**)Self-Adhered)

**Acceptable Underlayment ASTM's: D226 Type II, D4869 Type III & IV, D8257(MF) / D1970(SA)**

**Exceptions: 1 layer of MF/SA if used with either Huber Zip / LP WeatherLogic Air & Barrier Systems**

Manufacturer / Product: \_\_\_\_\_

ASTM Classification (MF/SA): \_\_\_\_\_

Fastener Type/Size: \_\_\_\_\_ Spacing: \_\_\_\_\_

Roofing Information: (Acceptable Asphalt Shingles ASTM D7158 Class **H**/ASTM D3161 Class **F** Only)

(Metal Roof Panel / Shingle ASTM's vary by material choice)

Manufacturer / Product: \_\_\_\_\_

ASTM Classification: \_\_\_\_\_

Fastener Type/Size: \_\_\_\_\_ Spacing/Number: \_\_\_\_\_

Ventilation Type / Accessories: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE:

Effective August 1, 2023, Louisiana HB393 allows a building code enforcement officer or a certified third-party provider to accept photographs or videos that are location verified with geotagging for required roofing and reroofing inspections of any commercial or residential structure.

To avoid delays or rejections, please ensure each photograph/video is clear and the location is visible and accurate. All photos/videos should clearly depict the condition of the required subjects as stated below.

Decking Photographs (4 Photos Req'd):

- Roof deck installation and/or repairs in compliance with the 2021 IRC and State Amendments. One photo of each building face (taken in landscape orientation), minimum of 4 photos per structure.
- Note, deck photos are not required for new construction.

Underlayment Photographs (5 Photos Req'd):

- Underlayment installation and/or repairs in compliance with the 2021 IRC and State Amendments. Photo of underlayment material package with label clearly visible. One photo of each building face (taken in landscape orientation), minimum of 4 photos per structure.

Roofing Information (5 Photos Req'd):

- Geotagged photo of roofing material package with label clearly visible. Geotagged photo of each building face of the finished roof (landscape orientation) to include installed ventilation. Minimum of 4 photos per structure.

I \_\_\_\_\_ (licensed contractor) 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.