PARISH OF ASCENSION
BUILDING DEPARTMENT

Reroof Permit Application

Please provide ALL information below for review. This document will not be accepted if not complete.

Project Location

Municipal Address: _____

State, Zip: _____ Unit #: _____ Subdivision: _____

Contractor/Applicant Information

Name: _____ Phone: _____

Municipal Address: _____

State, Zip: _____

State License Number: _____ Parish License Number: _____

Property Owner

Name: _____ Phone: _____

Email: _____

Street Address: _____ State, Zip: _____

Type of Structure

Residential ___ Commercial ___

Required Documents

1. Signed Contract
2. Reroofing Information Form
3. Louisiana Contractor's License
4. Photographs (If work is completed)

Signature: _____

I am the authorized agent/ owner of subject property. I have read and understood the above stipulations and I agree to comply with all standards as required by the codes and regulations as set forth in local and state law.

615 E Worthey Street
Gonzales, Louisiana 70737
Phone: (225) 450-1002 /Web: www.ascensionparish.net/ Email: buildinginfo@apgov.us