

PARISH OF ASCENSION

BUILDING DEPARTMENT



House Elevation Application

Project # _____

Please provide **ALL** the following information for review.

Date: _____ Time: _____ Municipal Address: _____

Applicants Name: _____ Contact E-Mail: _____

Owners Name: _____ Telephone Number: _____

Notice: Any information written on this application becomes public record.

Project Information

Flood Zone _____ BFE _____ Height Now _____ Finished Height _____

Total Square Footage: _____ Electric Provider: _____ Gas Provider: _____

Are you elevating due to the flood? **Y N**

Will you be using a general contractor? **Y N**

Will the Homeowner be acting as the general contractor? **Y* N**

***If yes all proper affidavits are required at the time of application.**

Is the elevation contractor acting as the general contractor? **Y N**

The home is currently on? **Piers Slab**

Will the Electrical be disconnected? **Y N** Is the electrical: **Overhead Underground**

Will any portion of the plumbing be disconnected? **Y N**

Is there any remodeling being done to the inside or outside? **Y* N**

If yes Please explain _____

Is there plumbing work being done inside or outside the house? **Y* N**

If yes Please explain _____

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Is there electrical work being done **inside or outside** the home? **Y*** **N**

If yes Please explain _____

Is there mechanical work being done **inside or outside** the home? **Y*** **N**

If yes Please explain _____

Will there be any decks and stairs added? **Y** **N** Who is doing that work? _____

Notice

All foundations will require an engineer design if they do not meet the prescriptive requirements of the building code.

To be filled out by Parish Employee

Required Documents for Plan Submittal

Flood Zone Approval _____ Elevation Certificate _____ **Hold Harmless** _____

State Affidavit of contractor exemption _____

Engineered Foundation Plans _____

Plumbing Diagram _____ Gas Diagram(If Gas is Installed) _____

Electrical Diagram _____ Mechanical Diagram _____ Floor Plan/Walls Layout _____

Payment Information _____ **Employee's Initials** _____

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