

CITY OF MARKSVILLE - BUILDING PERMIT APPLICATION

427 N. WASHINGTON ST. MARKSVILLE, LA 71351 mayor@cityofmarksville.com Office (318) 253-9500 Fax (318) 253-0457

Applied for Driveway Access Permit on State Road: (circle one) YES NO N/A

A. Project Location Information		IMPORTANT Applicant must complete Sections A - J	
Project Address		Unit #	
If Commercial, Business Name		In Office Only: MPN#	
B. Permit Type and Proposed Use			
Residential <input type="checkbox"/> Single Family <input type="checkbox"/> Garage <input type="checkbox"/> Two Family / Duplex <input type="checkbox"/> Carport <input type="checkbox"/> Three Family / Triplex <input type="checkbox"/> Other <input type="checkbox"/> Number of bedrooms per home = _____ <input type="checkbox"/> Number of bathrooms per home = _____		Commercial Designed Occupancy Classification per IBC: _____ <input type="checkbox"/> Assembly (A1 - A5) <input type="checkbox"/> Institutional (11-14) <input type="checkbox"/> Business (B) <input type="checkbox"/> Mercantile (M) <input type="checkbox"/> Education (E) <input type="checkbox"/> Residential (RI-R4) <input type="checkbox"/> Factory / Industry (F1, F2) <input type="checkbox"/> Storage (S1, S2) <input type="checkbox"/> High Hazard (HI-H5) <input type="checkbox"/> Utility and Misc. (U)	
C. Use Description (Example: Residence, Day Care, Doctors Office, Restaurant, Church, Service Station, etc.)			
		<input type="checkbox"/> Private Ownership <input type="checkbox"/> Public Ownership	
D. Description of Work to be Performed		E. Building Information (If no Construction Cost is given, the ICC Building Valuation calculation method will be used)	
<input type="checkbox"/> New construction <input type="checkbox"/> Repair / Replacement <input type="checkbox"/> Addition <input type="checkbox"/> Move / Relocation <input type="checkbox"/> Alteration / Remodel <input type="checkbox"/> Foundation Only <input type="checkbox"/> Tenant Infill / Build-out <input type="checkbox"/> Wrecking / Demolition		<input type="checkbox"/> Total Sq. Ft. = _____ <input type="checkbox"/> Number of Stories = _____ <input type="checkbox"/> Construction Cost = _____ (Required)	
F. Scope of Work Proposed to be Performed			
G. Building & Site Characteristics			
Are City Utilities existing or requested in this Building? Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No Water <input type="checkbox"/> Yes <input type="checkbox"/> No Gas <input type="checkbox"/> Yes <input type="checkbox"/> No Electricity <input type="checkbox"/> Yes <input type="checkbox"/> Entergy		Type of Building Frame? <input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry / CMU <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other	
		Special Building Features? <input type="checkbox"/> Grease Trap _____ (size) <input type="checkbox"/> Medical Gas <input type="checkbox"/> Elevator <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Other	
		Number of Parking Spaces? <input type="checkbox"/> Enclosed = _____ <input type="checkbox"/> Outdoor = _____	
H. Identification - Owner, Contractor, Designer (all correspondence sent through email)			
Owner	Entity Name	Email Address	Phone
			Contact
Contractor	Entity Name	Email Address	Phone
			Contact
Designer	Entity Name	Email Address	Phone
			Contact
1. Signature of Applicant			
<p>I acknowledge that this permit becomes null and void if work or construction authorized has already commenced or is not commenced within 180 days at any time after work is commenced. I have read and examined this application in its entirety and have completed the appropriate sections of this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction. The proposed work is authorized by the owner of record and that I am or have been authorized by the owner to make this application as the authorized agent and agree to conform to all applicable laws of this jurisdiction.</p>			
Signature _____			Date _____

COM - SUBCONTRACTOR CONTACT INFORMATION

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A. Project Location Information (Repeated) IMPORTANT Applicant must complete Sections A-J			
Project Address			Unit #
If Commercial, Business Name			
J. Identification - Subcontractor Contact Information (all correspondence sent through email unless phone is specified)			
<p>1. By listing the information below, you are granting permission for those entities to have access to the City's Permitting software (My Permit Now) on this particular project. Subcontractors listed will have the ability to view the project account online, schedule inspections, view project permit status (pending, approved, or denied), and inspection status (passed or failed), and have the ability to view and print drawings submitted to COM for permitting. Use the check box to identify the preferred method of automated inspection status notification for each subcontractor. A dumpster must be provided to dispose of materials by the Contractor and/or land owner. The City of Marksville will not be responsible to pick this up.</p> <p>2. The General Contractor listed will automatically be notified by email on all inspection status. Telephone notification may also be requested.</p>			
General Contractor	Entity Name & License #	Email Address <input type="checkbox"/>	Phone <input type="checkbox"/>
			Contact
<p>1. A State Licensed Commercial Building Contractor is required for Commercial construction involving a scope of work that exceeds \$50,000.</p> <p>2. A State Licensed Residential Building Contractor is required for Residential construction involving a scope of work that exceeds \$75,000.</p> <p>3. A State Licensed Home Improvement Contractor is required for Residential construction involving a scope of work that exceeds \$7,500 but not to exceed \$75,000.</p> <p>4. See the Louisiana Contractors Licensing Law for details at www.lsicb.louisiana.gov. See Act 398.</p>			
Plumber	Entity Name & License #	Email Address <input type="checkbox"/>	Phone <input type="checkbox"/>
			Contact
<p>1. All plumbing work to be performed by Louisiana State Licensed Plumber.</p> <p>2. A Louisiana State Licensed Plumber shall also be registered with the City of Marksville prior to performing work.</p> <p>3. All Utility Services on private property shall be installed by Louisiana State Licensed Plumber.</p> <p>4. See Louisiana State Plumbing Code for details.</p>			
Electrician	Entity Name & License #	Email Address <input type="checkbox"/>	Phone <input type="checkbox"/>
			Contact
<p>1. Any person wishing to perform Electrical work shall be licensed with the City of Marksville prior to performing work.</p> <p>2. A State Licensed Electrical Contractor is required for all Electrical work involving a scope of work that exceeds \$1 0,000.</p> <p>3. See the Louisiana Contractors Licensing Law for details at www.lsicb.louisiana.gov. See Act 725.</p>			
HVAC	Entity Name & License #	Email Address <input type="checkbox"/>	Phone <input type="checkbox"/>
			Contact
<p>1. Any person wishing to perform Mechanical work shall be licensed with the City of Marksville prior to performing work.</p> <p>2. A State Licensed Mechanical Contractor is required for all Mechanical work involving a scope of work that exceeds \$10,000.</p> <p>3. See the Louisiana Contractors Licensing Law for details at www.lsicb.louisiana.gov. See Act 725.</p>			
Gas (Plumber)	Entity Name & License #	Email Address <input type="checkbox"/>	Phone <input type="checkbox"/>
			Contact
<p>1. Any persons wishing to perform Gas work shall be licensed with the City of Marksville as a Master Gas Fitter prior to performing work.</p> <p>2. Any persons wishing to perform Gas Appliance work shall be licensed with the City of Marksville as a Master Appliance Fitter prior to performing work.</p> <p>3. A State Licensed Plumbing Contractor is required for all Gas work involving a scope of work that exceeds \$10,000.</p> <p>4. See the Louisiana Contractors Licensing Law for details at www.lsicb.louisiana.gov.</p>			
Demolition Contractor	Entity Name & License #	Email Address <input type="checkbox"/>	Phone <input type="checkbox"/>
			Contact
<p>1. A State Licensed Demolition Contractor is required for Demolition work involving a scope of work that exceeds \$50,000.</p> <p>2. See the Louisiana Contractors Licensing Law for details at www.lsicb.louisiana.gov.</p>			
WSPS Irrigation	Entity Name & License #	Email Address <input type="checkbox"/>	Phone <input type="checkbox"/>
			Contact
<p>1. All Backflow Prevention work to be performed by Louisiana State Licensed WSPS Installer.</p> <p>2. A Louisiana State Licensed WSPS Installer shall also be registered with the City of Marksville prior to performing work.</p> <p>3. See Louisiana State Plumbing Code for details.</p>			
Other: Specify	Entity Name & License #	Email Address <input type="checkbox"/>	Phone <input type="checkbox"/>
			Contact

Dumpsters are required to dispose of material and supplies by Contractor and/or Land Owner. The City of Marksville will not be responsible to pick up.

Revised 05-11-2017