



***CALCASIEU PARISH PLAN REVIEW CHECKLIST
FOR TEMPORARY OFFICE TRAILER***

APPLICANT: _____

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

CONTACT PERSON: _____ **PHONE #** _____

CHARACTER & NATURE OF DEVELOPMENT (be specific): _____

LOCATION OF PROJECT: _____

***INFORMATION NEEDED TO OBTAIN PERMIT
(PLEASE CHECK INFORMATION SUBMITTED)***

1. _____ **HEALTH UNIT APPROVAL (337-480-2550) , SEWER DISTRICT LETTER OR COPY OF CONTRACT FOR PORTABLE TOILETS**
2. _____ **LEGAL DESCRIPTION (cash deed, tax assessment, or lease)**
3. _____ **SITE PLAN (includes, but not limited to: location of all existing and proposed structures, building setbacks from property lines, parking, driveways, etc...)**
4. _____ **STATE FIRE MARSHAL APPROVAL OF REQUEST FOR EXEMPTION OF PLAN REVIEW (1-800-256-5452)**
6. _____ **FOR E-911 ADDRESS, PLEASE HAVE CLOSEST ADDRESS & DISTANCE FROM STRUCTURE TO STRUCTURE**
7. _____ **FEMA ELEVATION CERTIFICATE (if applicable & if building will be on property more than 6 mos.)]**
8. _____ **UTILITY COMPANY (_____)**
9. _____ **TEMPORARY POLE (____YES) (____NO)**
 NEW ELECTRICAL SERVICE (____YES) (____NO)
10. _____ **NUMBER OF INTENDED EMPLOYEES (if applicable)**