

**JEFFERSON PARISH WORK SHEET**

**JOB #** \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_ SUITE # \_\_\_\_\_ SQ. FT. \_\_\_\_\_

LOT: \_\_\_\_\_ SQUARE: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE # ( \_\_\_\_\_ )

AGENT: \_\_\_\_\_ PHONE # ( \_\_\_\_\_ )

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_ PHONE # ( \_\_\_\_\_ )

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

FAX # ( \_\_\_\_\_ ) E-MAIL ADDRESS: \_\_\_\_\_

CIVIL ENGINEER: \_\_\_\_\_ PHONE # ( \_\_\_\_\_ )

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

FAX # ( \_\_\_\_\_ ) E-MAIL ADDRESS: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY DESIGN PROFESSIONAL**

PRINCIPAL INTENDED USE OF THIS BUILDING IS: RESIDENTIAL (  ) BUSINESS (  ) EDUCATIONAL (  ) FACTORY (  )  
STORAGE (  ) INSTITUTIONAL (  ) ASSEMBLY (  ) HAZARDOUS (  ) MERCANTILE (  ) EST. VALUE: \$ \_\_\_\_\_

IS THIS BUILDING SPRINKLED?: YES (  ) NO (  ) WILL THIS BE A NON-SMOKING BUILDING?: YES (  ) NO (  )

DESCRIPTION: \_\_\_\_\_

SUBMITTED: \_\_\_\_\_ SETS OF PLANS \_\_\_\_\_ PLOT PLANS \_\_\_\_\_ SURVEYS \_\_\_\_\_ SPECS

CONTRACTOR: \_\_\_\_\_

STATE LICENSE: \_\_\_\_\_ PHONE # ( \_\_\_\_\_ )

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ PHONE # ( \_\_\_\_\_ ) DATE: \_\_\_\_\_

IF THE OWNER OR ARCHITECT WISHES, REVIEW COMMENTS CAN BE SENT VIA FAX OR E-MAIL.

FAX # ( \_\_\_\_\_ ) ATTN: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PLAN REVIEWER RECEIVING PLANS: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

PARKING SPACES REQUIRED: \_\_\_\_\_ EXISTING PARKING SPACES: \_\_\_\_\_ PLAN REVIEWER'S INITIALS: \_\_\_\_\_

#SPACES APPROVED BY SITE PLAN REVIEW: STANDARD \_\_\_\_\_ HANDICAP \_\_\_\_\_ COMPACT \_\_\_\_\_ TOTAL \_\_\_\_\_

PLAN REVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

ESTIMATED PERMIT FEE: \_\_\_\_\_ DATE PERMIT RECEIVED: \_\_\_\_\_

ADDITIONAL PERMIT FEE: \_\_\_\_\_

PERMIT NO.: \_\_\_\_\_ ISSUED: \_\_\_\_\_ BOX NO.: \_\_\_\_\_

ZONING: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_ LETTER WRITTEN: \_\_\_\_\_

OCCUPANCY GROUP: \_\_\_\_\_ TYPE OF CONSTRUCTION: \_\_\_\_\_ FINISH: \_\_\_\_\_ ROOF: \_\_\_\_\_

MUNICIPAL NO.: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_

**THE FOLLOWING CIRCLED ITEMS ARE REQUIRED:**

PUBLIC WORKS	SITE PLAN REVIEW	PLANNING DEPT.	J. P. ENV.
ST. FIRE MARSHAL	ST. BD. OF HEALTH	OTHER	OTHER
PILE LOAD TEST	SOIL BORING	SURVEY	PLOT PLAN

CLASS: \_\_\_\_\_ NO. OF PILES: \_\_\_\_\_ PILE LENGTH: \_\_\_\_\_ DESIGN LOAD: \_\_\_\_\_

FIA ZONE: \_\_\_\_\_ NGVD OR \_\_\_\_\_ ABOVE CROWN OF STREET, WHICHEVER IS HIGHER.

PARKING CALCULATIONS: \_\_\_\_\_

MULTIPLE FAMILY: LOT AREA: \_\_\_\_\_ NO. OF APTS.: \_\_\_\_\_ MAX HEIGHT: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_

PRINTS TO MECHANICAL	APPROVED:
PRINTS TO ELECTRICAL	APPROVED:
PRINTS TO PLUMBING	APPROVED:
PRINTS TO FIRE PREVENTION: DATE	APPROVED:

REMARKS: \_\_\_\_\_

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