



**CITY OF LAKE CHARLES**  
Permit Application for **Commercial** Plan Review

**NOTE: Incomplete or illegible applications cannot be processed**

Project Address \_\_\_\_\_

Legal Description \_\_\_\_\_

Project Name \_\_\_\_\_

Project Type ☐ New Const. ☐ Alteration/Remodeling ☐ Addition

Total Square Footage \_\_\_\_\_ Cost of Job \$ \_\_\_\_\_ Lot Size \_\_\_\_\_

Number of Stories \_\_\_\_\_ Heat & Cool (sq. ft.) \_\_\_\_\_

Was this property built prior to 1978? ☐ Yes ☐ No *If yes, you are required by the U.S. EPA's Renovation, Repair & Paint rule to be a Lead Safe Certified Firm with the U.S. EPA if performing work that will disturb a painted surface in homes, child care facilities and preschools built before 1978. EPA (214) 665-7577 • <https://www.epa.gov/lead>*

**Owner Information**

☐ Proof of Ownership

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

**Contractor/Sub-Contractor Information (Please Print)**

Building Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Mechanical Contractor \_\_\_\_\_ Phone \_\_\_\_\_

**Design Professional (Please Print)**

Architect \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Party responsible for design ☐ Architect ☐ Contractor ☐ Owner ☐ Tenant ☐ Other \_\_\_\_\_

**Plan Checklist**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Foundation Plan                  | <input type="checkbox"/> Ceiling Joist Plan | <input type="checkbox"/> Door & Window Schedules |
| <input type="checkbox"/> Dimensioned & Labeled Floor Plan | <input type="checkbox"/> Site Plan          | <input type="checkbox"/> Grading Plan            |
| <input type="checkbox"/> Electrical Plan                  |   |  |

Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

☐ Apartments No. of Buildings \_\_\_\_\_ No. of Units \_\_\_\_\_

If this is an existing building, does it have a Fire Sprinkler System? \_\_\_\_\_ Fire Alarm System? \_\_\_\_\_

As the owner of the above mentioned property, or his duly authorized agent, I certify that the above information contained in this application is true and correct to the best of my knowledge and hereby state that if a permit is issued, I will provide a copy of all informational and permit documents to all stakeholders. I also certify that all provisions of the City of Lake Charles ordinance, State, and Federal laws will be complied with. I understand that all contractors/subcontractors are required to be licensed in compliance with state and local law. I further acknowledge that I have been informed of regulations requiring identification and mitigation of asbestos prior to commencement of work authorized by this permit as well as the potential risk and liabilities assumed if the permit issued to me as the owner of the property. As the applicant/ owner I agree to hold the City harmless of any and all claims which may as a result as a consequence of the permitting, erection, and/or demolition of the said structure.

Name of Applicant (Please Print) \_\_\_\_\_ Email \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant's e-mail Address: \_\_\_\_\_

**FOR OFFICE USE**

Plan Review Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_