

**CITY OF WEST MONROE
OFFICE OF INSPECTIONS**

OFFICE USE ONLY:
DATE OF APPLICATION: _____ COST OF CONSTRUCTION: _____
SITE PLAN APPROVAL: _____ BUILDING PERMIT FEE: _____
TOTAL SQ FTG: _____ PLAN REVIEW FEE: _____
CLASSIFICATION: _____ TOTAL PERMIT: _____

PROJECT NAME: _____

PROJECT ADDRESS: _____

WORK TO BE DONE: _____ RESIDENTIAL _____ COMMERCIAL

_____ NEW CONST _____ REMODEL _____ ADDITION

_____ FENCE _____ CARPORT _____ ACCESS. BLDG

DESCRIPTION OF WORK TO BE DONE: _____

PROPERTY OWNER: _____ **PHONE:** _____

OWNER ADDRESS: _____

CONTRACTOR NAME: _____ **PHONE:** _____

CONTRACTOR ADDRESS: _____

SUPERINTENDANT ON JOB: _____

CONTACT NUMBER FOR JOB SITE: _____
(MUST BE A LOCAL NUMBER)

LA STATE CONTRACTOR COMMERCIAL NO: _____

LA STATE CONTRACTOR/REGISTRANT RESIDENTIAL NO: _____

**SUBCONTRACTORS:
MUST HAVE NAME OF LICENSE HOLDER**

ELECTRICAL: _____ **W.M. LIC #** _____

PLUMBING: _____ **W.M. LIC #** _____

HEAT/AIR: _____ **W.M. LIC #** _____

BACKFLOW PREVENTORS : _____

SPRINKLER COMPANY: _____

TESTER: _____ **LIC #:** _____