



CAMERON PARISH AGRICULTURE BUILDING CHECKLIST
PHONE (337) 775-2800 FAX (337) 775-5535

APPLICANT: _____ PHONE #: _____

LOCATION / ADDRESS OF PROPERTY: _____

Information needed to obtain Development, Electrical and Plumbing Permit for Agriculture Building:

1. _____ HEALTH UNIT APPROVAL – (for plumbing, if applicable call 337-775-5368 – Ryan King)
2. _____ LAND VERIFICATION & PARCEL NUMBER / LEGAL DESCRIPTION OF PROPERTY (i.e. Filed Cash Deed, Abstract, Tax Assessment, Lease Agreement)
3. _____ PROOF OF AGRICULTURE USE (Ex. Copy of invoices of feed, livestock, vets office, crop-raising, etc.)
4. _____ SQUARE FOOTAGE (_____)
5. _____ COST OF DEVELOPMENT (estimated) (_____)
6. _____ NUMBER OF CIRCUITS IN BREAKER BOX (____), JEFF DAVIS (____), ENTERGY & ACCT (_____)
7. _____ NUMBER OF PLUMBING FIXTURES (_____)(Fixtures not allowed below base flood elevations)
8. _____ BUILDING PLANS (Rough Sketch showing size)
9. _____ FEMA ELEVATION CERTIFICATE (2 year or newer), (if applicable)
10. _____ COPY OF LOUISIANA CONTRACTOR LICENSE
11. _____ NON-CONVERSION AGREEMENT FORM - PLEASE REFER TO THE ATTACHED FEMA/NFIP NON-CONVERSION AGREEMENT (TO BE PROVIDED BY THE PERMIT OFFICE AT TIME OF PERMITTING, FORM TO BE FILED & RECORDED AT CLERK OF COURTS OFFICE ALONG WITH A FILING FEE)

****NOTE: IN SOME CASES, ADDITIONAL INFORMATION MAY BE REQUIRED.**

REQUIREMENTS FOR AGRICULTURE USES:

Buildings shall meet the following requirements unless Elevation Requirements are met.

- Building placed in a **VE Flood Zone** must be constructed with **Break-a-way Walls** and certified by engineer or architect in all areas below the Base Flood Elevation.
- Building placed in an **AE Flood Zone** must be constructed with **Proper Openings** no more than 1 foot above grade having a total net area of not less than one (1) square inch for every square foot of enclosed area placed on two (2) opposite walls.
- Building **may not** be used at any time as a place of human habitation.

**** PERMIT USE ONLY ****

FLOOD ZONE (_____)

APPLICANT'S SIGNATURE _____ DATE _____