

CAMERON PARISH ACCESSORY BUILDING CHECKLIST

(For more information call 775-5718 Fax 337-542-4257)

APPLICANT: _____ PHONE #: _____

LOCATION / ADDRESS OF PROPERTY: _____

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

1. _____ HEALTH UNIT APPROVAL – (for plumbing, if applicable call 475-3237)
2. _____ PROOF OF OWNERSHIP WITH LEGAL DESCRIPTION OF PROPERTY (i.e. Filed Cash Deed, Tax Assessment)
3. _____ STATE FIRE MARSHAL APPROVAL LETTER & COPIES OF STAMPED PLANS (For Commercial Accessory Buildings only – 1-800-256-5452)
4. _____ SQUARE FOOTAGE (_____) 5. _____ COST OF DEVELOPMENT (estimated)
6. _____ NUMBER OF CIRCUITS IN BREAKER BOX (_____) UTILITY COMPANY (_____)
7. _____ NUMBER OF PLUMBING FIXTURES (_____) (Fixtures not allowed below base flood elevations)
8. _____ BUILDING PLANS [two (2) sets] (certifying compliance with 110 or 120 mph wind load requirements, where applicable)-will be required to submit engineer or architect stamped drawings on construction design IF BUILDING EXCEEDS 200 SQUARE FEET. (Commercial Accessory Buildings are required to submit full building plans with foundation regardless of size of building)
10. _____ FEMA ELEVATION CERTIFICATE (2 year or newer), (if applicable)
11. _____ CONTRACTOR INFORMATION OR HOMEOWNER AFFIDAVIT

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

REQUIREMENTS FOR (RESIDENTIAL) ACCESSORY 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.
- Building placed in a **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 (_____)
TEMP POLE (YES or NO)

WIND ZONE (_____)
SEPARATE METER BASE (YES or NO)

APPLICANT'S SIGNATURE

DATE