

City of Slidell
Building Permit Application
250 Bouscaren Street, Suite 202
Slidell, La. 70458
(985) 646-4324

MOVING PERMIT APPLICATION

Owner _____ Phone No. _____
Existing Location _____ New Location _____
Moving Contractor _____ Phone No. _____
Mailing Address _____ License No. _____
Date to Be Moved _____ Time of Day _____ Size of Bldg. _____ Height of Bldg. _____
Side Yard Setback _____ Rear Yard Setback _____
Job Cost _____ Route To Be Taken _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Survey of property where building is to be located is attached _____

Applicant _____ Date _____

Permit No. _____ Permit Fee _____
Receipt No. _____ Date Issued _____