

**TOWN OF GRAMERCY  
120 N. MONTZ ~ PO DRAWER 340  
GRAMERCY LA 70052  
225-869-4403 ~ Fax: 225-869-4195**

***TRADE PERMIT APPLICATION***

**PERMIT NUMBER** \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Include City and Zip)

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Street Address of Project:** \_\_\_\_\_

Total Square Feet Under Roof: \_\_\_\_\_

**CONTRACTOR NAME:** \_\_\_\_\_

Contractor Mail Address: \_\_\_\_\_

Contractor Phone Number: \_\_\_\_\_

DESCRIBE PROJECT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***TO SCHEDULE AN INSPECTION BEFORE ANY WORK IS COVERED PLEASE  
CONTACT SOUTH CENTRAL PLANNING & DEVELOPMENT AT 985-655-1070.  
PLEASE REFERENCE PERMIT NUMBER.***

**FEE DUE UPON APPLICATION - \$150.00 (Additional Inspection fee - \$75.00)**

\_\_\_\_\_  
Signature of Owner or Contractor

\_\_\_\_\_  
Date

**Contractors must register with the Town of Gramercy before work begins. A copy of State Certification is required. Fee is \$25.00.**

**APPLICATION FOR CONTRACTOR'S REGISTRATION  
TOWN OF GRAMERCY**

(Please print or type)

1. TYPE OF APPLICATION:        \_\_\_\_\_ NEW        \_\_\_\_\_ RENEWAL
  
2. NAME OF BUSINESS: \_\_\_\_\_
  
3. MAILING ADDRESS OF MAIN OFFICE: \_\_\_\_\_  
    (City/State/Zip)  
\_\_\_\_\_
  
4. PHONE NUMBER: \_\_\_\_\_
  
5. EMAIL ADDRESS: \_\_\_\_\_
  
6. ADDRESS OF WORKSITE: \_\_\_\_\_
  
7. TYPE OF CONTRACTOR: \_\_\_\_\_
  
8. STATE OF LOUISIANA CONTRACTORS LICENSE NUMBER: \_\_\_\_\_

- PLEASE PROVIDE A COPY OF STATE LICENSE AND LIABILITY INSURANCE.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

***FEE DUE UPON APPLICATION: \$25.00***

PLEASE MAKE CHECK PAYABLE TO: TOWN OF GRAMERCY, PO DRAWER 340  
GRAMERCY LA 70052

ANY QUESTIONS, PLEASE CALL: 225-869-4403/Fax: 225-869-4195

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Office Use Only:

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Regis. Expires: \_\_\_\_\_