

12064 Marston Street, Post Office Box 427, Clinton, LA 70722 Phone 225.683.8577 fax 225.683.3100

PERMIT APPLICATION FOR NAME CHANGE/RECONNECT

1. APPLICAN	T: (PLEASE 1	PRINT)				
	Name:					
A	ddress:					
DΙ						
				PROOF OF OWNERS		
				Mobile Home _		Shop/Ram
				OVIDE A COPY OF	-	
3. SERVICE PRO	•	IING IO	U MUSI I N	OVIDEACOLIOF	THE KENTAL AC	FREEWIEN I
			Entermy	ACCT #		
				TOWN		
				PROPANE	IMVAIL WE	
4. TOWN APPI				IKOIANE		
				HOW MANY METI	C DC O	
6. IF "NO", WH		_			Z K 3;	
•						
7. TYPE OF BU			lential	Commercial		
8. PAYMENT II				0 1 010	(T.C.)	
for two	weeks or longe	er, then the	sewer must b	han 6 months - \$10 per be approved by the Hea arm, camps, etc.) - \$125	lth Unit before a m	
If power ha	as been discon	nected for	more than 6 i	months - \$125 and requ	ires a Certificate of	Use inspection
Commercia	al properties -	\$100 Com	mercial Certif	icate of Use per meter a	and an electrical saf	fety inspection is required
	* * * Comme	rcial Permi	ts must have l	Fire Marshal approval if	changing use/occu	pancy
If the address is in				ot be released until a T		
SIGNATURE				DATE		