

PARISH OF ASCENSION
OFFICE OF PLANNING AND DEVELOPMENT
BUILDING DEPARTMENT



Kenny Matassa
Parish President

**SANITATION PERMIT FOR
ELECTRICAL SERVICE**

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

SUBDIVISION NAME: _____

PHONE: _____

ELECTRIC COMPANY: _____

PLEASE CHECK THE APPLICABLE BOX

O.K. for Temporary & Permanent electrical service to a

Community Sewage System.

O.K. for PERMANENT electrical service to a

NO SEWAGE INVOLVED

TO APPLICANT: I understand that falsification of this Form will result in legal action against me.

Signature of Applicant: _____

Signature of Clerk: _____