



OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT
 880 N. Alexander Ave. PO Box 757 Port Allen, LA 70767
 EMAIL: permits@wbr council.org • Phone: (225) 336-2434

Registration Application
Code Enforcement

COMPANY INFORMATION

Company Name: _____
 Owner: _____
 Mailing Address: _____
 Physical Address: _____
 Business Phone: _____ Mobile Phone: _____
 Email: _____

ADDITIONAL BUSINESS CONTACT(S)

Name: _____ Phone: _____
 Email: _____
 Name: _____ Phone: _____
 Email: _____

CHECKLIST

- _____ Parish Registration Form (this form)
- _____ Copy of picture ID of registration holder
- _____ Copy of certificate of liability insurance showing West Baton Rouge Parish Government as the certificate holder.
 - *Certificates must also show policy numbers, effective dates, expiration dates and minimum limits of 1,000,000, general liability, and workers compensation on all employees*
- _____ Copy of current Occupational License from the jurisdiction of domicile
- _____ W-9 with tax ID# for tax reporting
- _____ Copy of your State Contractor License
 - *If state license not held, work will be limited to under \$7,500.00*

I understand that the statements in this application are subject to verification. False or misleading statements may be cause for disapproval or revocation of registration and/or fines and penalties. I further certify that if I terminate my association with this company, or for any reason cease to be the qualifying party, I will notify the West Baton Rouge Office of Community Planning and Development of this fact, in writing, within thirty (30) days.

Qualifying Party Signature: _____ Date: _____