

Construction/Development
 Related Permit



Date _____
 Tracking Number _____

BUILDING PERMIT APPLICATION

MASTER APPLICATION

Property Address: 8322, 8324, 8326, 8328 Palm ST Apt./Ste. Number: _____

- Type of Building:
- | | | | |
|--|---|---|---|
| <input type="radio"/> Residential (Single Family) | <input type="radio"/> Residential (Two Family) | <input type="radio"/> Residential (Half of Party Wall Double) | <input type="radio"/> Residential (Accessory Use) |
| <input checked="" type="radio"/> Commercial (Multi-Family) | <input type="radio"/> Commercial (Business Use) | <input type="radio"/> Commercial (Mixed Use) | <input type="radio"/> Commercial (Accessory Use) |

APPLICANT INFORMATION

Applicant Identity: Owner Lessee Contractor Architect Engineer
 Mark all that apply Other

Name: Michael PRATER
 Address: 332 Westmeade Dr City: Gretna State: LA Zip: 70056
 Phone: 504 333 3389 Email: Mighty.AC.heat@gmail.com

SCOPE OF WORK/PROPOSAL

Description of proposed work (Please include thorough details or provide attachments.)

Exterior paint, Interior paint And Replace windows,

- | | | | |
|--|---|---|---|
| Will the exterior of the building be altered in any way? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Will a driveway be installed? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Was this structure built before 1978?
If yes, Supp G "Lead Based Paint Removal Form" is required. | <input type="radio"/> Yes <input checked="" type="radio"/> No | Will any portion of the sidewalk be repaired?
If yes, Supp L "Sidewalk Repair Form" is required. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Is the impervious surface area on the site where work will be performed > 5,000 sq ft? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Will a dumpster be placed in the street?
If yes, Supp J "Dumpster/Construction Zone Form" is required. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Is the total area of the site where you will be working > 1 acre? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Will this project have a total square footage of more the 40,000sf? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Will any electrical work be done under this scope of work? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Will any A/C or gas line work be done under this scope of work? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Will signage be affected (altered, added, changed)?
If yes, Supplement H "Sign Permit Application" is required. | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Is this application for a Federal Housing Unit? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |

Estimate cost/value of proposed work \$ 3500 *Attach quote, contract, or other documentation of estimate.

Area of existing structure 3200 ft² Area affected 3200 ft² New Area added _____ ft² Number of Floors _____

Foundation Type: Slab Pier Sprinklers: Yes No Building Condition: Good Average N/A

Existing Use Commercial Multi Family Proposed Use Commercial Multi Family

BUILDING INFORMATION

- ICC Construction Type:
 Not Applicable
 Site Built
 Modular
 Manufactured

	Number of Existing Meters	Number of New Meters
Electrical Meters	2	4
Gas Meters	0	0



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RESIDENTIAL BUILDING INFORMATION (Single Family and Two Family) NOT APPLICABLE
Dwelling Area _____ ft² Garage Area _____ ft² Number of Bedrooms _____ Number of Bathrooms _____ Central A/C and Heat? Yes No

MULTIFAMILY AND COMMERCIAL BUILDING INFORMATION NOT APPLICABLE
Total Number of Residential Units 4 Efficiency Units _____ 1 Bedroom _____ 2 Bedroom 3+ Bedrooms _____
Number of Elevators _____ Number of A/C Units 4 Number of Boilers _____ Number of Escalators _____

OWNER INFORMATION SAME AS APPLICANT

Name Song Liu Company _____
Address _____ City _____ State _____ Zip _____
Phone 504 427 6094 Email _____

CONTRACTOR INFORMATION SAME AS APPLICANT

Name Michael Prater Company Mighty Services
Address 1717 South Hullen City Metairie State LA Zip 70001
Phone 504 322 8200 Email Mighty.AC.heat@gmail State Lic. # 53240 Exp. 3/24

ARCHITECT INFORMATION SAME AS APPLICANT

Name _____ Company _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____ License Number _____

ENGINEER INFORMATION SAME AS APPLICANT

Name _____ Company _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____ License Number _____

FEES

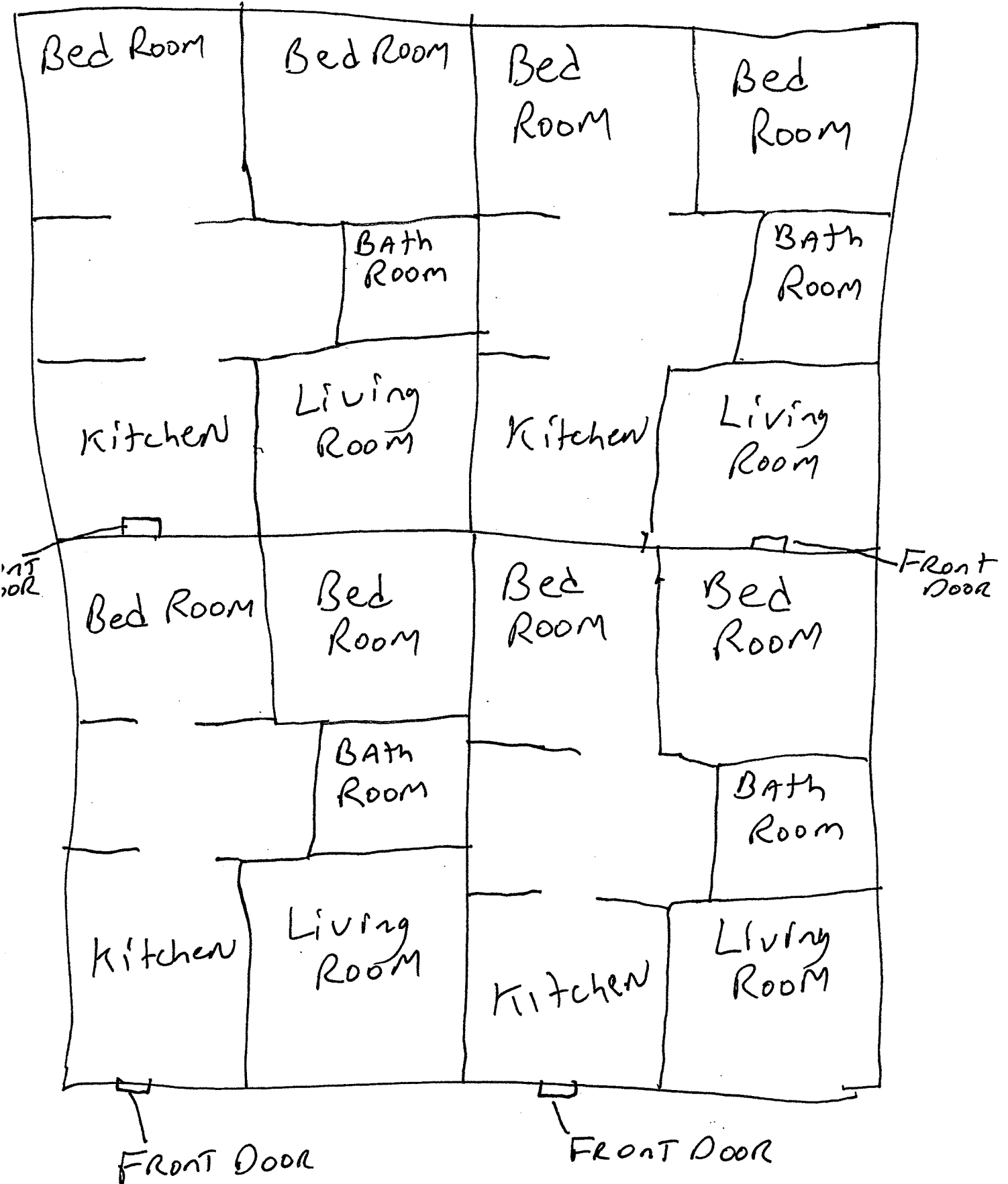
- Permit Fee: \$60 + (\$5 per \$1000 of work to be performed)
- Plan review Fee: (\$1 per \$1000 of work to be performed)
- VCC/HDLC Surcharge: (50% of total fee, calculated using the above)

ACKNOWLEDGMENTS

I certify that the above information is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work must be reported to the Department of Safety and Permits and additional permits may be required.

I certify that I have the authority of the current property owner(s) to apply for the work proposed.

Applicant Signature Michael Prater Date 6-8-21



Palm ST
8322-28

INVOICE #: 00233

FRIENDLY, TIMELY, AFFORDABLE

LICENSED & INSURED

MIGHTY SERVICES

AIR CONDITIONING, HEATING, ELECTRICAL & REFRIGERATION

EASTBANK 504-454-5073 WESTBANK 504-333-3389 NORTSHORE 985-370-0070

P.O. BOX 57532 NEW ORLEANS, LA 70157-7532

www.mightyservices.net

DATE: 05/08/21

DS #: [] [] [] [] [] [] [] [] [] []

CUSTOMER NAME (Financially Responsible Party) **Song Liu** CALLER NAME _____ JOB CONTACT NAME _____

JOB ADDRESS _____ CITY _____ STATE _____ ZIP _____

BILLING ADDRESS (if Different) _____ PH1 _____ PH2 _____

E-MAIL ADDRESS _____

CHECK LIST

- COMPRESSOR
 - SUCTION _____ PSI
 - HEAD _____ PSI
 - VOLTS _____ AMPS
 - ELECTRICAL CONNECTIONS
 - CONTACTS TIGHT & CLEAN
 - OIL LEVEL & CONDITION
- CONDENSER COIL
 - CLEAN COIL & CHECK FIN COND
 - ENT _____ F LVG _____ F
- REFRIGERANT
 - LEAK CHARGE
- FAN AND MOTOR
 - VOLTS _____ AMPS
 - ELECTRICAL CONNECTIONS
 - CONTACTS TIGHT & CLEAN
 - FAN PULLEYS (ADJUST BELT)
 - CHECK, LUB BEARINGS & MOTOR
 - CFM _____
- EVAPORATOR COIL
 - CLEAN COIL & CHECK FIN
 - ENT DB _____ F LVG DB _____ F
 - ENT WB _____ F LVG WB _____ F
- CONDENSATE AREAS
 - INSPECT & CLEAN DRAIN PAN
 - INSPECT & CLEAN DRAIN
- AIR FILTERS
 - CLEANED REPLACED
 - FILTER SIZE _____
- HEATING ASSY.
 - BURNER & HEAT EXCHANGER
 - FUEL SUPPLY & PRESSURE
 - PILOT ASSEMBLY
 - FLAME ADJUSTMENT
 - PRIMARY RELAY & FLUE
 - FAN & LIMIT SWITCH OPER.
 - BLOWER ASSEMBLY
 - RV VALVE
 - STRIP HEAT
 - DEFROST CYCLE
- ELECTRICAL COMP'TS.
 - RELAYS CONTACTORS
 - OVERLOAD PRESS. SWITCH
- THERMOSTAT
 - O.K. REPLACE
 - RELOCATE

ORIGINAL COMPLAINT

DETAIL: 3513, 3515, 3517, 3519 Cambronnest / 3520, 3522, 3524, 3526 Dante St / 3512, 3514, 3516, 3518 Dante St / 8322, 8324, 8326, 8328 Palm St

WORK AUTHORIZATION: I, the undersigned, am owner/authorized representative/tenant of the premises at which the work above is being done. I hereby authorize you to perform the above recommendation, and to use such labor and materials as you deem advisable. Unless prior-authorization for billing, payment for all work done is due upon completion (C.O.D.) A \$ 10.00 BILLING CHARGE is due thereafter. An office billing charge and/or finance charge of 1.75% per month (21 % per annum) will be added after 10 days past due. I agree to pay reasonable attorney's fees, court costs and collection fees in the event of legal action. I have read this contract, including the terms and conditions on the reverse side hereof and agree to be bound by all the terms contained herein. All old parts will be removed from premises and discarded, unless otherwise specified herein.

I HEREBY AUTHORIZE YOU TO PROCEED WITH THE ABOVE WORK AT THE UPFRONT FEE OF \$ 3500 X 4
 Signature: *Song Liu* Print Name: **Song Liu**

QTY.	OPERATIONS	DESCRIPTION	AMOUNT	
			YES	NO
		SERVICE CALL CHARGE/TRIP CHARGE		
		SERVICE PARTNER MEMBERSHIP		
1	Paint of exterior & interior t windows	3513, 3515, 3517, 3519 Cambronne St	3500	00
2	Paint of exterior & interior t windows	3520, 3522, 3524, 3526 Dante St	3500	00
3	Paint of exterior 3512, 3514, 3516, 3518 Dante St		3500	00
4	Paint of exterior & interior t windows	8322, 8324, 8326, 8328	3500	00

<i>Thank You</i>	FOR CHOOSING US FOR YOUR SERVICE NEEDS	LABOR	TECH #1	HRS. @	/HR. =	REGULAR	OVERTIME	HRS. @	/HR. =
			TECH #2	HRS. @	/HR. =	REGULAR	OVERTIME	HRS. @	/HR. =

PAYMENT 1 Cash Check Check #: _____

MC Visa Disc AmEx Auth #: _____

Card#: _____ Exp: [] []

PAYMENT 2 Cash Check Check #: _____

MC Visa Disc AmEx Auth #: _____

Card#: _____ Exp: [] []

MILEAGE (+) ENDING	TRIP (+) ARRIVED	TRIP CHARGE X /HR. =
(-) START	(-) DEPARTED	X /HR. =
TOTAL MILES	TIME	TRIP CHARGE \$ => \$

STOP WANT TO PAY LESS??
 Maintenance Agreement customers receive a discount on repair services.
 SAVINGS ON THIS INVOICE \$ _____

ACCEPT DECLINE

PARTS MATERIALS REFRIG.	
SUB-TOTAL	
DISCOUNT	
TOTAL COST	

CHRG CODE	TYPE	ENVIRONMENT	CHECK	LIST
REFRIG	RECOVERED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	QTY. _____	CHANGED OUT (OR REPLACED)? YES <input type="checkbox"/> NO <input type="checkbox"/>
	RECYCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	QTY. _____	DIS-MANTLED? YES <input type="checkbox"/> NO <input type="checkbox"/>
	RECLAIMED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	QTY. _____	REFRIGERANT DISPOSAL <input type="checkbox"/>
	RETURNED TO THIS SYSTEM?	YES <input type="checkbox"/> NO <input type="checkbox"/>	QTY. _____	
	DISPOSAL	YES <input type="checkbox"/> NO <input type="checkbox"/>	QTY. _____	
	NON USEABLE	YES <input type="checkbox"/> NO <input type="checkbox"/>	QTY. _____	
	DISPOSAL	YES <input type="checkbox"/> NO <input type="checkbox"/>	QTY. _____	

SERVICE TECHNICIAN ACKNOWLEDGEMENT
 Prior to the customer entering into the contract, I have discussed the nature of the service and cost and I have given a copy of the contract to the customer. All work I have done has been in compliance with company standards in a workmanship manner, to building codes when applicable.

Technician Signature: *Michael Prater*

ACCEPTANCE OF WORK PERFORMED: I acknowledge satisfactory completion of the above described work and that the premises has been left in satisfactory condition. I understand that if my check does not clear, I am liable for the check and any charges from the bank. I agree to pay 1.75% per month for past due contracts (minimum charge \$15). In the event that collection efforts are initiated against me, I shall pay for all associated fees at the posted rates as well as all cost of collection fees and reasonable attorney fees. I agree that the amount set forth in the space marked "TOTAL COST" is the total flat price I have agreed to.

SIGNATURE: *Song Liu*

CERTIFICATION # _____

Pre-Approved
 Financing Terms
 Please pay from this invoice
 Work performed C.O.D.