



Date _____
Tracking Number _____

BUILDING PERMIT APPLICATION

MASTER APPLICATION

Property Address: _____ Apt./Ste. Number: _____

Type of Building: Residential (Single Family) Residential (Two Family) Residential (Half of Party Wall Double) Residential (Accessory Use)

Commercial (Multi-Family) Commercial (Business Use) Commercial (Mixed Use) Commercial (Accessory Use)

APPLICANT INFORMATION

Applicant Identity: Owner Lessee Contractor Architect Engineer

Mark all that apply Other

Name Alternative Solar LLC

Address 5415 Lost Lane City San Antonio State TX Zip 78238

Phone (210) 847-8039 Email office@alternative-solar.com

SCOPE OF WORK/PROPOSAL

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

Residential solar installation: 8.64kW; 24 Aptos solar panels roof mounted w/ Unirac racking and 24 Enphase microinverters.

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

Estimate cost/value of proposed work \$ 20500 *Attach quote, contract, or other documentation of estimate.

Area of existing structure _____ ft² Area affected 470 ft² New Area added _____ ft² Number of Floors _____

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

Existing Use _____ Proposed Use _____

BUILDING INFORMATION

ICC Construction Type: Not Applicable
 Site Built
 Modular
 Manufactured

	Number of Existing Meters	Number of New Meters
Electrical Meters		
Gas Meters		



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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 _____ Efficiency Units _____ 1 Bedroom _____ 2 Bedroom _____ 3+ Bedrooms _____

Number of Elevators _____ Number of A/C Units _____ Number of Boilers _____ Number of Escalators _____

OWNER INFORMATION SAME AS APPLICANT

Name Mia St.Martin Company _____

Address 2565 Lavender Street City New Orleans State LA Zip 70122

Phone (504) 232-2302 Email mastmartin@yahoo.com

CONTRACTOR INFORMATION ✓ SAME AS APPLICANT

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ State Lic. # _____ Exp. _____

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 _____ **DocuSigned by:** _____ Date 5/2/2022