

Construction/Development  
 Related Permit



Date \_\_\_\_\_  
 Tracking Number \_\_\_\_\_

**BUILDING PERMIT APPLICATION**

**MASTER APPLICATION**

Property Address: 212 WARRINGTON DRIVE 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 ADELMO MENDES  
 Address 7 CARIBBO CT City METAIRIE State LA Zip 70003  
 Phone 508 816 6864 Email JWBUILDERSGROUP@GMAIL.COM

**SCOPE OF WORK/PROPOSAL**

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

NEW CONSTRUCTION

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

Estimate cost/value of proposed work \$ 208,500 \*Attach quote, contract, or other documentation of estimate.

Area of existing structure \_\_\_\_\_ ft<sup>2</sup> Area affected \_\_\_\_\_ ft<sup>2</sup> New Area added 2160 ft<sup>2</sup> Number of Floors 1

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

Existing Use VAL 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 2160 ft<sup>2</sup> Garage Area 4 ft<sup>2</sup> Number of Bedrooms 4 Number of Bathrooms 2 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 \_\_\_\_\_ Company \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

CONTRACTOR INFORMATION  SAME AS APPLICANT

Name WILLIAM DE OLIVEIRA Company SAINT & SANTOS CONSTRUCTION LLC  
 Address 209 VILLE MAR PI City GREYNA State LA Zip 70056  
 Phone 504 3314676 Email WILLIAM@SAINTSANTOS.COM State Lic. # 885913 Exp. 03/2025

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 [Signature] Date 04-27-2020