



Date _____
Tracking Number _____

BUILDING PERMIT APPLICATION

MASTER APPLICATION

Property Address: 2809 St. Charles Ave - 70115 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 William Alexander

Address 3125 Chestnut St City New Orleans State LA Zip 70115

Phone 318-469-0079 Email dandafamilyprop@gmail.com

SCOPE OF WORK/PROPOSAL

Description of proposed work (Please include thorough details or provide attachments.)
 My property insurance is requiring a handrail on the front porch of the property to protect tenants from falling and for liability reasons. There is already a small section of original handrail on this porch that is hidden from streetview. It currently comes up to the top of the decorative rectangular box that is directly under each doric column. We simply want to match the existing height / style of the current small handrail, and wrap it all the way around. The top of the box varies from each one, but the height is about 32' on average. My insurance has approved this 32' height. Any handrail that went above the top of each supporting box would look unusual.

- Will the exterior of the building be altered in any way? Yes No
- Was this structure built before 1978? Yes No
If yes, Supplement G "Lead Based Paint Removal Form" is required.
- Is the footprint of the buildings on the site where work will be performed greater than 5,000 sq ft? Yes No
- Is the total area of the site where you will be working greater than 1 acre? Yes No
- Will this project have a total square footage of more the 40,000 sq ft? 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 \$ _____ ***Attach quote, contract, or other documentation of estimate.**

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

Foundation Type: Slab Pier Sprinklers: Yes No Building Condition: Good Average Not applicable

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 _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

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.

8/26/2022

Applicant Signature Will Alexander Date _____