



Construction/Development  
Related Permit



Date _____
Tracking Number _____

## BUILDING PERMIT APPLICATION

## MASTER APPLICATION

Property Address: 1800 Canal Street, New Orleans, LA 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 type="radio"/> Commercial (Multi-Family)   | <input checked="" 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 Orleans House, LLC c/o Cynthia Hebert

Address 809 Jena St City New Orleans State LA Zip 70115

Phone 504 669-3859 Email herb2018@bellsouth.net

### SCOPE OF WORK/PROPOSAL

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

Marker measuring approximately 14" X 20" made of cast bronze, attached to front fence, detailing history of the house.

- 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.
- 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 \$ 2000.00 \*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 \_\_\_\_\_ ft<sup>2</sup> 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		



Construction/Development  
Related Permit



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

### BUILDING PERMIT APPLICATION

### MASTER APPLICATION

#### RESIDENTIAL BUILDING INFORMATION (Single Family and Two Family) NOT APPLICABLE

Dwelling Area \_\_\_\_\_ ft<sup>2</sup> Garage Area \_\_\_\_\_ ft<sup>2</sup> 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 Cynthia Hebert Company Orleans House, LLC  
Address 809 Jena St. City New Orleans State LA Zip 70115  
Phone 504 669-3859 Email herb2018@bellsouth.net

#### 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  Date 9/1/2022