

Construction/Development
 Related Permit



Date _____
 Tracking Number _____

BUILDING PERMIT APPLICATION

MASTER APPLICATION

Property Address: 300 AUDUBON STREET NEW ORLEANS, LA 70118 Apt./Ste. Number: N.A.

Type of Building:

<input checked="" 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 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 ROSEMARY JAMES

Address 300 AUDUBON STREET City NEW ORLEANS State LA Zip 70118

Phone 504-491-8859 Email FAULKHAUSE@AOL.COM

SCOPE OF WORK/PROPOSAL

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

DETACHED REAR BUILDING GARAGE DEMOLITION AND THE MAIN BUILDING RENOVATION AS PER SUBMITTED SET OF DRAWINGS

Will the exterior of the building be altered in any way?	<input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No	Will any portion of the sidewalk be repaired? If yes, Supp L "Sidewalk Repair Form" is required.	<input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input 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 \$ 5,000 DEMOLITION 75,000.00 RENOVATION *Attach quote, contract, or other documentation of estimate.

Area of existing structure 2500 MAIN ft² Area affected 380 GAR. SAME ft² New Area added 0 ft² Number of Floors 2

Foundation Type: Slab Pier Sprinklers: Yes No Building Condition: Good Average N/A **GAR. BAD.**

Existing Use RESIDENTIAL Proposed Use RESIDENTIAL

BUILDING INFORMATION

- ICC Construction Type:
- Not Applicable
 - Site Built
 - Modular
 - Manufactured

	Number of Existing Meters	Number of New Meters
Electrical Meters	1	0
Gas Meters	1	0

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

Dwelling Area 2500 ft² Garage Area 380 ft² Number of Bedrooms 3 Number of Bathrooms 2.5 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 MAT POLLITT Company ROYAL RESTORATION OF LA

Address 4300 LEMON ST City METAIRIE State LA Zip 70006

Phone 504-715-4567 Email INFO@ROYALRESTORATIONLA, GMAIL.COM State Lic. # 565791 Exp. ACTIVE

ARCHITECT INFORMATION SAME AS APPLICANT

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ License Number _____

ENGINEER INFORMATION SAME AS APPLICANT

Name IVAN C. MANDICH MA.PE Company ICMUSENG,LLC

Address 1224 ST CHARLES AV. A.P.302 City NEW ORLEANS State LA Zip 70130

Phone 504-554-9043 Email ICMUSENG@AOL.COM License Number 15570

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 property owner(s) to apply for the work proposed.

Applicant Signature Rosemary James Date May 6, 2022