

Construction/Development
 Related Permit



Date _____
 Tracking Number _____

BUILDING PERMIT APPLICATION

MASTER APPLICATION

Property Address: 2415 Annunciation St. 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 Idella Casimier
 Address 2415 Annunciation City N.O State La Zip 710130
 Phone (504) 296-0209 Email Idella.Casimier@g-mail.com

SCOPE OF WORK/PROPOSAL

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

Correct - D By N

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.

Applicant Signature Odell Casimier Date 9-21-22