



Date _____
Tracking Number _____

## BUILDING PERMIT APPLICATION

## MASTER APPLICATION

**Property Address:** 344 Belleville St New Orleans, LA 70114 Apt./Ste. Number: \_\_\_\_\_

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 Halle Hutchison

Address 344 Belleville St City New Orleans State LA Zip 70114

Phone 206-601-0626 Email halloween13@gmail.com

### SCOPE OF WORK/PROPOSAL

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

Install exterior porch railings required by homeowners insurance company(s). Railing will be steel and custom fabricated to match the images of appropriate rails provided by the HDLC. There is no modification to the house - this is exterior railing for the front porch. See attachments.

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 \$ 3800.00 **\*Attach quote, contract, or other documentation of estimate.**

Area of existing structure 2000 ft<sup>2</sup> Area affected 108 sf ft<sup>2</sup> New Area added 0 ft<sup>2</sup> Number of Floors 2

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

Existing Use Single family dwelling Proposed Use Same

### 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 2000 ft<sup>2</sup> Garage Area n/a ft<sup>2</sup> Number of Bedrooms 3 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 Ron Clark Company The Stairway Shop  
 Address 5717 Salmen Street City New Orleans State LA Zip 70123  
 Phone 504.734.1315 Email ron@industrialproducts.com 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 9/27/22