



22-29853

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

## BUILDING PERMIT APPLICATION

## MASTER APPLICATION

Property Address: 1810 Marengo 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 Ramon Posadas  
Address 4612 W Napoleon Ave City Metairie State LA Zip 70001  
Phone (504) 919-3947 Email volahomeimprovements@aol.com

### SCOPE OF WORK/PROPOSAL

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

Remove and Replace rotted wood on Porch. To Repair columns. Remove and replace soffit on porch, handrails, spindles. Paint porch

Will the exterior of the building be altered in any way? ☐ Yes ☒ No  
Was this structure built before 1978? ☒ Yes ☐ No  
If yes, Supp G "Lead Based Paint Removal Form" is required.  
Is the impervious surface area on the site where work will be performed > 5,000 sq ft? ☐ Yes ☒ No  
Is the total area of the site where you will be working > 1 acre? ☐ Yes ☒ No  
Will this project have a total square footage of more the 40,000sf? ☐ 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  
Will a driveway be installed? ☐ Yes ☒ No  
Will any portion of the sidewalk be repaired? ☐ Yes ☒ No  
If yes, Supp L "Sidewalk Repair Form" is required.  
Will a dumpster be placed in the street? ☐ Yes ☒ No  
If yes, Supp J "Dumpster/Construction Zone Form" is required.  
Estimate cost/value of proposed work \$ \$28,243.69 \*Attach quote, contract, or other documentation of estimate.  
Area of existing structure 351.36 ft<sup>2</sup> Area affected 351.36 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 ☐ N/A  
Existing Use Front Porch Proposed Use Front Porch

### BUILDING INFORMATION

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

	Number of Existing Meters	Number of New Meters
Electrical Meters		
Gas Meters		

RECEIVED  
SBS 13 922  
1992

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 Joanne Moulton Company \_\_\_\_\_

Address 1810 Marango St City New Orleans State LA Zip 70115

Phone \_\_\_\_\_ Email \_\_\_\_\_

CONTRACTOR INFORMATION ☒ SAME AS APPLICANT

Name Ramon Posadas Company Nola Home Improvements LLC

Address 4612 W Napoleon Ave City Metairie State LA Zip 70001

Phone (504) 919-3947 Email NolaHomeImprovements@aol.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 Ramon Posadas Date 09/22/2022



**NOLA HOME IMPROVEMENTS**  
**4612 W Napoleon, Metairie La 70001**  
**504- 919 -3947**


**Contract to Perform Work**

This authorization to perform work is made the 21<sup>st</sup> day of September, 2022  
by NOLA Home Improvements LLC, hereinafter called the Contractor  
and Joanne Moulton, hereinafter called the Owner.

The contractor should furnish all of the materials and perform all the work shown in the estimate  
dated 8/9/22 as it pertains to work to be performed on the property at:

1810 Marengo St.  
NEW ORLEANS, LA 70115


The Owner shall pay the Contractor for the material and labor performed under the contract sum  
of \$28,243.69, subject to additions and deductions pursuant to authorized  
change orders. All change orders shall be in writing and signed by both Owner and Contractor,  
and shall be incorporated in, and become a part of the contract.

Owner acknowledges the receipt of estimate provided.   
Initial Here

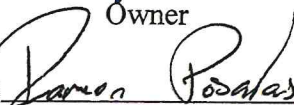
Payments of the Contract price shall be paid in the following matter:

50% deposit to start & The remaining  
payments as needed.  
(porch)

DOWN PAYMENT PAINT & SIDING 1508

By:   
Owner

9/21/22  
Date

By:   
Nola Home Improvements

9/21/22  
Date

This contract is based on the original estimate provided to customer.



## Nola Home Improvements

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4612 West Napoleon Avenue  
Metairie LA 70001  
504-766-6982

Client: Joanne Moulton  
Property: 1810 Marengo St  
New Orleans , LA 70115

Home: (504) 452-2868

Operator: NOLAHOME

Estimator: Ramon

Type of Estimate: Other

Date Entered: 8/9/2022

Date Assigned: 8/9/2022

Date Est. Completed: 9/22/2022

Date Job Completed:

Price List: LANO8X\_SEP21

Labor Efficiency: Restoration/Service/Remodel

Estimate: MARTIN-PORCH-PERMIT

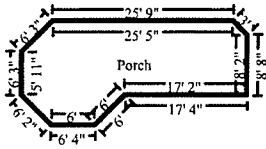
4612 West Napoleon Avenue  
Metairie LA 70001  
504-766-6982

**MARTIN-PORCH-PERMIT**

## Main Level

## Main Level

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
1. Dumpster load - Approx. 30 yards, 5-7 tons of debris	1.00 EA	550.00	0.00	0.00	55.00	605.00
Total: Main Level				0.00	55.00	605.00



## Porch

**Height: 10'**

833.16 SF Walls	351.36 SF Ceiling
1,184.52 SF Walls & Ceiling	351.36 SF Floor
39.04 SY Flooring	83.32 LF Floor Perimeter
83.32 LF Ceil. Perimeter	

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
2. R&R Underlayment - 3/4" OSB - tongue and groove	351.36 SF	1.45	2.78	55.92	154.22	1,696.39
3. R&R Soffit - wood - tongue & groove	351.36 SF	0.59	8.07	155.81	319.86	3,518.45
4. R&R Fascia - 1" x 8" - #1 pine	288.60 LF	0.42	7.74	62.93	241.79	2,659.69
5. R&R Crown molding - 5 1/4"	166.40 LF	0.85	5.33	35.98	106.43	1,170.76
6. R&R Deck planking - 5/4" treated lumber, #1 (per SF)	351.36 SF	2.51	8.40	139.64	397.29	4,370.26
7. Specialty Items (Bid Item) To repair rotted floor joist (5) and repair brick columns.	1.00 EA	0.00	6,225.00	0.00	622.50	6,847.50
8. Remove Remove wood column - 12" diameter	80.00 LF	11.79	0.00	0.00	94.32	1,037.52
9. Specialty Items (Bid Item) To paint all porch sections does not include siding.	1.00 EA	0.00	3,912.00	0.00	391.20	4,303.20
10. Paint the floor - two coats	351.36 SF	0.00	1.35	6.79	48.11	529.24
11. Install Install wood column - 12" diameter	80.00 LF	0.00	17.11	0.00	136.88	1,505.68
Totals: Porch				457.07	2,512.60	27,638.69
Total: Main Level				457.07	2,567.60	28,243.69
Line Item Totals: MARTIN-PORCH-PERMIT				457.07	2,567.60	28,243.69





## Nola Home Improvements

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4612 West Napoleon Avenue  
Metairie LA 70001  
504-766-6982

### Grand Total Areas:

833.16 SF Walls	351.36 SF Ceiling	1,184.52 SF Walls and Ceiling
351.36 SF Floor	39.04 SY Flooring	83.32 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	83.32 LF Ceil. Perimeter
351.36 Floor Area	379.52 Total Area	833.16 Interior Wall Area
942.03 Exterior Wall Area	85.64 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	



**Nola Home Improvements**

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4612 West Napoleon Avenue  
Metairie LA 70001  
504-766-6982

**Summary**

Line Item Total	25,219.02
Material Sales Tax	457.07
	<hr/>
Subtotal	25,676.09
Profit	2,567.60
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<b>Replacement Cost Value</b>	<b>\$28,243.69</b>
<b>Net Claim</b>	<b>\$28,243.69</b>
	<hr/> <hr/>

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Ramon

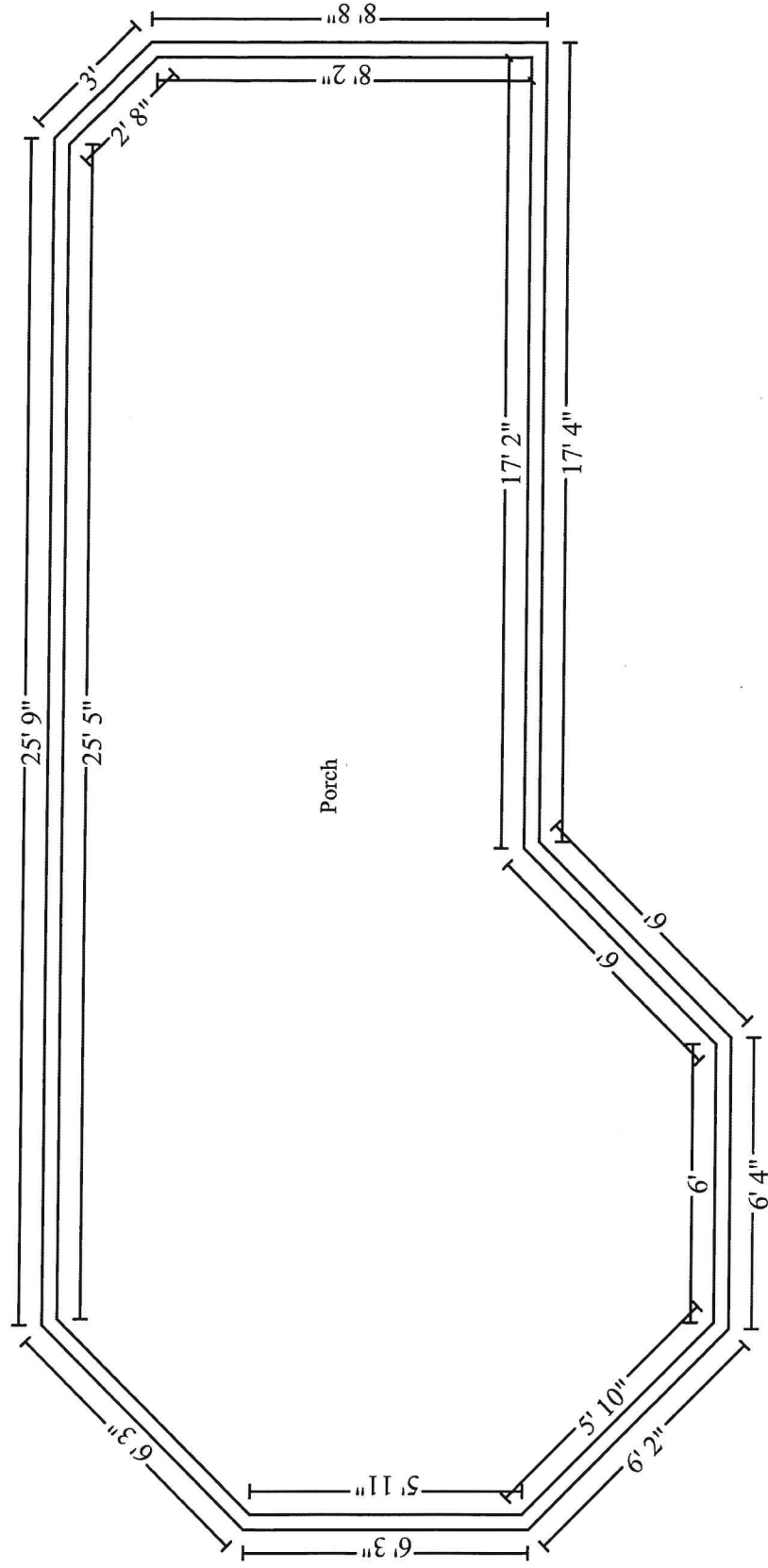
## Nola Home Improvements

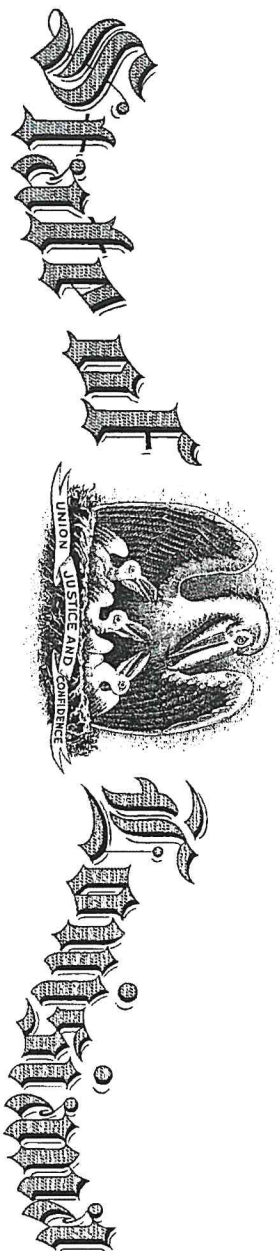
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4612 West Napoleon Avenue  
Metairie LA 70001  
504-766-6982

### Recap of Taxes and Profit

	Profit (10%)	Material Sales Tax (9.2%)	Manuf. Home Tax (9.2%)	Cleaning Mat'l Tax (9.2%)	Fabric Cleaning Tax (9.2%)	Storage Tax (9.2%)	Local Food Tax (4.75%)
Line Items	2,567.60	457.07	0.00	0.00	0.00	0.00	0.00
Total	2,567.60	457.07	0.00	0.00	0.00	0.00	0.00





## State Licensing Board for Contractors

This is to Certify that:

NOLA HOME IMPROVEMENT LLC  
4612 W Napoleon Ave  
Metairie LA 70001


is duly registered, as a Home Improvement Contractor




Witness our hand and seal of the Board dated,  
Baton Rouge, LA 22nd day of December 2021

  
\_\_\_\_\_  
Director

This Registration Is Not Transferable

  
\_\_\_\_\_  
Chairman

  
\_\_\_\_\_  
Treasurer

Expiration Date: December 21, 2022  
Registration No: 560598



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/10/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> DAN BURGHARDT INSURANCE AGENCY 3008 DAVID DR  METAIRIE LA 70003		<b>CONTACT NAME:</b> JOHN SHYLOCK <b>PHONE (A/C, No, Ext):</b> (504) 455-7283 <b>FAX (A/C, No):</b> (504) 456-8599 <b>E-MAIL ADDRESS:</b> johns@danburghardt.com <b>PRODUCER CUSTOMER ID #:</b>	
<b>INSURED</b>  NOLA Home Improvement LLC 4612 W. Napoleon Ave  Metairie LA 70001		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: LWCC INSURER B: Evanston Ins. INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
b	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> Blanket AI/WOS/PNC  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3AA520471	11/12/2021	11/12/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			179396-a	12/20/2021	12/20/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

( ) - ( ) -  Insured's Copy Only    -	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  john shylock