



RECEIVED
OCT 05 2022
Shawna
Construction, Development
Related Permit

22-30419

Date _____
Tracking Number _____

BUILDING PERMIT APPLICATION

MASTER APPLICATION

Property Address: 315 S. ALEXANDER 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 MATT COBY
Address 4012 S. GALVEZ ST. City NEW ORLEANS State LA Zip 70125
Phone (504) 231-2728 Email mattcoby@hotmail.com

SCOPE OF WORK/PROPOSAL

Description of proposed work (Please include thorough details or provide attachments.)
NEW KITCHEN COUNTERTOPS AND FIXTURES (SINK/DISHWASHER/DISPOSAL/FAUCET)
NEW BATHROOM FIXTURES (TOILET/LAVATORY/SHOWER TRIM)

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

Estimate cost/value of proposed work \$ 6270.00 *Attach quote, contract, or other documentation of estimate.
Area of existing structure 750 ft² Area affected 220 ft² New Area added _____ ft² Number of Floors _____
Foundation Type: Slab Pier Sprinklers: Yes No Building Condition: Good Average N/A
Existing Use RENTAL APARTMENT Proposed Use RENTAL APARTMENT

BUILDING INFORMATION

ICC Construction Type:
 Not Applicable
 Site Built
 Modular
 Manufactured

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

RECEIVED
OCT 10 1964

100-100000-100000

TO: SAC, NEW YORK
FROM: SAC, PHOENIX
SUBJECT: [Illegible]

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Construction/Development
Related Permit



Date _____
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BUILDING PERMIT APPLICATION

MASTER APPLICATION

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

Dwelling Area 750 ft² Garage Area 0 ft² Number of Bedrooms 2 Number of Bathrooms 1 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 CASEY SUTTON Company SUTTON'S PLUMBING

Address 730 PONTALBA ST. City NEW ORLEANS State LA Zip 70124

Phone (504) 495-3333 Email SUTTONPLUMBING2018@GMAIL.COM State Lic. # LA# 5890 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 10/4/22

315 S. Alexander St.
Reno Budget 2022

Countertops	\$1,545
Plumber	\$2,200
Kitchen Fixtures/Appliances	
Faucet	\$200
Disposal	\$150
Dishwasher	\$600
Bathroom Fixtures	
Vanity Sink (Lavatory)	\$650
Toilet	\$225
Sink Faucet	\$150
Shower Faucet	\$200
Misc plumbing materials	<u>\$350</u>
Total:	\$6,270

Proposal

SUTTON
PLUMBING, LLC

LMP # 5890



730 Pontalba St.
New Orleans, LA 70124
(504) 495-3333

Proposal submitted to MATT Coby Job name S. Alexander Ref # _____

Address : 315 S. Alexander
NOVA 70119

Proposal # _____ Proposal valid till date # _____ Number of pages _____

We hereby submit specifications and details for:

- Remove existing plumbing fixtures & REINSTALL A TOTAL OF SIX FIXTURES:
 - (1) TOILET
 - (1) LAVATORY
 - (1) SHOWER TRIM
 - (1) KITCHEN SINK
 - (1) DISHWASHER
 - (1) DISPOSAL
- Permit/filing fees included in price

We hereby propose to furnish material and labor to complete the job as per the above specifications for a sum of:

US\$ Two thousand one hundred dollars (In figures) US\$ \$2,200.00

With the terms of payments as follows: _____

Please revert for any clarification / further details.

Authorized Signatory: Name Casey Sutton Signature: Casey Sutton

Acceptance of Proposal

I/We have reviewed your proposal and hereby indicate our acceptance of the same, as per the details, specifications and amounts mentioned in the proposal form. I/We agree to the proposed terms of payment and will release the funds as per agreed herein.

Authorized Signatory: Name Matt Coby Signature: [Signature] Date 10/4/22

SUTTON PLUMBING 2018@gmail.com

ALL WOOD CABINETS DIRECT INC

500 JEFFERSON HWY. JEFFERSON LA 70121

Tel: 504-831-5333 Fax: 504-831-5040

INVOICE

CUSTOMER INFO

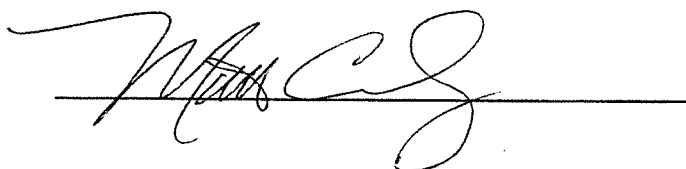
NAME: MATT COBY **Payment Date** 3/7/2022
Address: 315 S ALEXANDER ST. NEW ORLEANS LA 70119
Phone: 504-231-2728 **Installation Date:**

DESCRIPTION		AMOUNT
Cabinets		
LABOR		
Countertop	BLACK GALAXY	
	60/40 UNDER MOUNT SINK FREE	
Sub-Total		1,545.00
PAID		800.00
AMOUNT DUE		745.00

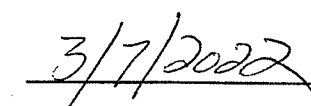
Note: This obligation does NOT include any electrical or plumbing works.
All granites are natural shape and color: uncontrollable and there will be variations from the showroom samples. Any granite longer than 8 or 9 feet will have a connecting line in between.
Customer must pay the full balance when the work is complete.
There will be a 5% interest added to the unpaid balance every month and you will be responsible for all the legal representation fees.

DEPOSIT IS NOT REFUNDABLE

Signature: _____

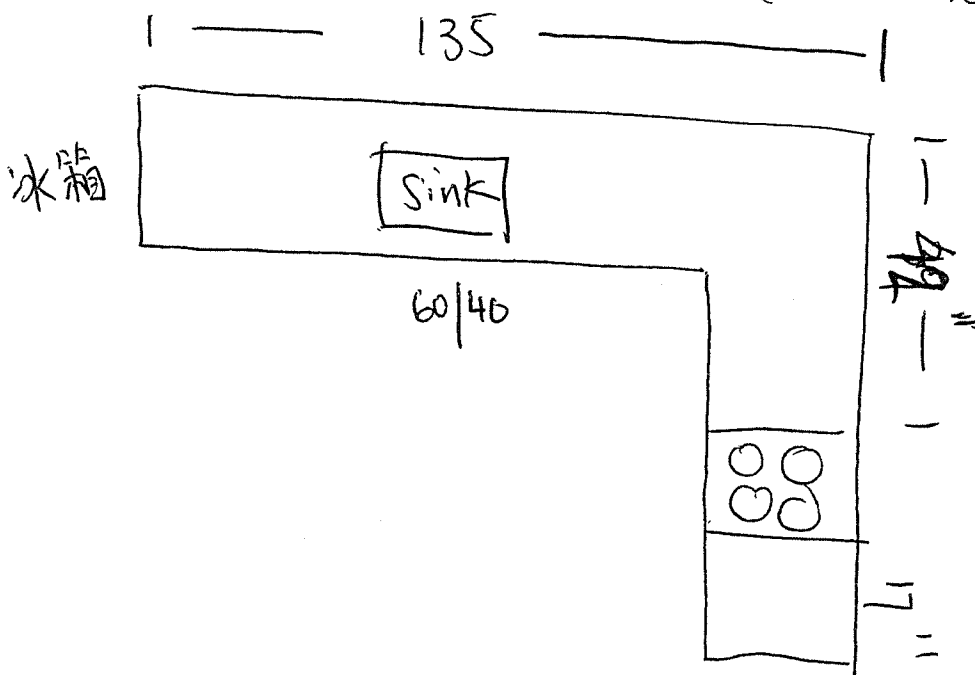


Date: _____



Matt Coby
(504) 231-2728

Mid-City
315 S. Alexander St. 70119
(between Banks & Palmyra)



315 S. ALEXANDER ST.

