



Date	
Tracking Number	

BUILDING PERMIT APPLICATION

MASTER APPLICATION

Property Address: 808 FRENCHMEN ST Apt./Ste. Number: _____

Type of Building:

Residential (Single Family)	<input checked="" type="checkbox"/> 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

Name: CHRISTOPHER ALLEN / HISTORIC MARIGNY INVESTMENTS, LLC

Address: 1019 ST. PETER ST City: NEW ORLEANS State: LA Zip: 70116

Phone: 504-451-9147 Email: CHRIS@HISTORICNOLAapartments.com

SCOPE OF WORK/PROPOSAL

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

REPAIR ROTTEN CORNER BOARDS & SIDING. REPAINT AS NEEDED IN EXACT SAME COLOR SCHEME. SIDING WAS ALL REPLACED IN 2007 - NO LEAD PAINT.

Will the exterior of the building be altered in any way?	Yes <input checked="" type="checkbox"/> No	Will a driveway be installed?	Yes <input checked="" type="checkbox"/> No
Was this structure built before 1978? If yes, Supp G "Lead Based Paint Removal Form" is required.	Yes <input checked="" type="checkbox"/> No	Will any portion of the sidewalk be repaired? If yes, Supp L "Sidewalk Repair Form" is required.	Yes <input checked="" type="checkbox"/> No
Is the impervious surface area on the site where work will be performed > 5,000 sq ft?	Yes <input checked="" type="checkbox"/> No		
Is the total area of the site where you will be working > 1 acre?	Yes <input checked="" type="checkbox"/> No	Will a dumpster be placed in the street? If yes, Supp J "Dumpster/Construction Zone Form" is required.	Yes <input checked="" type="checkbox"/> No
Will this project have a total square footage of more the 40,000sf?	Yes <input checked="" type="checkbox"/> No		
Will any electrical work be done under this scope of work?	Yes <input checked="" type="checkbox"/> No		
Will any A/C or gas line work be done under this scope of work?	Yes <input checked="" type="checkbox"/> No		
Will signage be affected (altered, added, changed)? If yes, Supplement H "Sign Permit Application" is required.	Yes <input checked="" type="checkbox"/> No		
Is this application for a Federal Housing Unit?	Yes <input checked="" type="checkbox"/> No		

Estimate cost/value of proposed work \$ 2500~ *Attach quote, contract, or other documentation of estimate.

Area of existing structure 1388 ft² Area affected _____ ft² New Area added 0 ft² Number of Floors 2

Foundation Type: Slab ☒ Pier ☐ Sprinklers: Yes ☒ No ☐ Building Condition: ☒ Good ☐ Average ☐ N/A

Existing Use DUPLEX Proposed Use _____

BUILDING INFORMATION

ICC Construction Type:
Not Applicable
☒ Site Built
Modular
Manufactured

	Number of Existing Meters	Number of New Meters
Electrical Meters	<u>2</u>	<u>0</u>
Gas Meters	<u>2</u>	<u>0</u>



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

Dwelling Area 1385 ft² Garage Area 0 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 2 Efficiency Units 0 1 Bedroom 1 2 Bedroom 1 3+ Bedrooms 0
 Number of Elevators 0 Number of A/C Units 2 Number of Boilers 0 Number of Escalators 0

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 Christopher J. Allen Date 10/23/2022