



Date	10/20/2022
Tracking Number	

## BUILDING PERMIT APPLICATION

## MASTER APPLICATION

Property Address: n/a Apt./Ste. Number: n/a

Type of Building:

<input 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 n/a

Address n/a City n/a State n/a Zip n/a

Phone n/a Email n/a

### SCOPE OF WORK/PROPOSAL

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

**No construction plans currently in place - no need for Building Permit at this time**

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

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

Area of existing structure \_\_\_\_\_ ft<sup>2</sup> Area affected \_\_\_\_\_ 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 \_\_\_\_\_ 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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## BUILDING PERMIT APPLICATION

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### 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 \_\_\_\_\_ 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  Date 10/20/2022