

Construction/Development
 Related Permit



Date _____
 Tracking Number _____

MUNICIPAL ADDRESS CHANGE APPLICATION SUPPLEMENT M

APPLICANT INFORMATION

Type of Request: Assign Municipal Address Change Municipal Address Add Municipal Address
 Reason for Request: CHANGE FROM DOUBLE TO SINGLE RESIDENCE

OWNER INFORMATION

Owner Name: DAVID L. TRAHAN Owner Contact Number: 504 416 3371
 Owners' Address: 1404 ELISE AVE.
 Owner email: trahanassoc@bellsouth.net

| Current Listed Municipal Address | Requested Municipal Address | Meter Number |
|----------------------------------|-----------------------------|--------------|
| 2119 Gen. Pershing | KEEP | |
| 2121 Gen. Pershing | RETIRE | |
| | | |
| | | |
| | | |

Note: ONLY Whole numbers and letters are acceptable. Upper, lower, ½, front, back, etc. will not be approved.

David Trahan
 Owner Signature

Date 11/4/22

Please return form to:

Eneida Allison, ITS III GIS
 Safety and Permits
 1300 Perdido St, 7th Floor
 New Orleans, LA 70112
 eeallison@nola.gov
 504.658.7205

| | | |
|----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Entergy | <input type="checkbox"/> Assessor's | <input type="checkbox"/> PostMaster |
| <input type="checkbox"/> OPCD | <input type="checkbox"/> S&WB | <input checked="" type="checkbox"/> ALL |