

Construction/Development  
 Related Permit



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

## BUILDING PERMIT APPLICATION

## MASTER APPLICATION

Property Address: 4920 St. Charles Ave 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 Alexis & Greg Waguespack  
 Address 4920 St. Charles Ave City New Orleans State LA Zip 70115  
 Phone 504-228-4442 Email agwag@me.com

### SCOPE OF WORK/PROPOSAL

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

Repair rotten column bases.

Will the exterior of the building be altered in any way? ☐ Yes ☐ No  
 Was this structure built before 1978? ☐ Yes ☐ No  
 If yes, Supplement G "Lead Based Paint Removal Form" is required.  
 Is the footprint of the buildings on the site where work will be performed greater than 5,000 sq ft? ☐ Yes ☐ No  
 Is the total area of the site where you will be working greater than 1 acre? ☐ Yes ☐ No  
 Will this project have a total square footage of more the 40,000 sq ft? ☐ 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 \$ \_\_\_\_\_ \*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 ☐ Not applicable  
 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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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 12/9/22