

# BUILDING

SP PD

Date: \_\_\_ / \_\_\_ / \_\_\_

## CITY OF NEW ORLEANS Permit Application Checklist

Tracking #

Applicant's Name (Please Print):

Job Street Address \_\_\_\_\_ Suite/Unit #:

Lot Info: Size \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Corner: Y, N Waterfront: Y, N

Lot #: \_\_\_\_\_ Square #: \_\_\_\_\_ Tax Bill #:

Owner's Name:

Owner's Address: \_\_\_\_\_ Suite/Unit #:

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code:

Owner's Home Phone #:(\_\_\_\_\_) -- \_\_\_\_\_ Work #:(\_\_\_\_\_) -- \_\_\_\_\_

Zoning: \_\_\_\_\_ Map #: \_\_\_\_\_ HDLC/VCC: Y, N BZA #: \_\_\_\_\_ Ord #:

Zoning Checked By: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Bounding Streets: \_\_\_\_\_, \_\_\_\_\_,

Inspector: \_\_\_\_\_ FEMA Flood Zone: \_\_\_\_\_ Elev. Req:

Contractors Lic. No.: \_\_\_\_\_ Resident Status No.: \_\_\_\_\_ Exp. Date: \_\_\_ / \_\_\_ / \_\_\_

Contr. Name: \_\_\_\_\_ Phone #:(\_\_\_\_\_) -- \_\_\_\_\_

Contr. Address: \_\_\_\_\_ Suite/Unit #:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:

Contr. Co. Address: \_\_\_\_\_ Suite/Unit #:

City:

Existing Use:

Zip Code:

Proposed Use:

Type:

Type:

Tenant Name: \_\_\_\_\_ Phone #:(\_\_\_\_\_) -- \_\_\_\_\_

Proposed Improvement: \_\_\_\_\_ Imp. Type:

Description of Proposed Work:

Related Permits: \_\_\_\_\_ Value of Proposed Work: \$ \_\_\_\_\_ 00

Previous Work: \_\_\_\_\_ Parking Spaces Req: \_\_\_\_\_ Provided:

### **Building Construction Information:** For All Buildings

No. Buildings: \_\_\_\_\_ No. Units (total): \_\_\_\_\_ No. Floors: \_\_\_\_\_ Building Area (total):

Foundation: Slab, Piers Sprinklers Existing: Y, N Condition: Good, Average

SBCCI Type Of Construction: \_\_\_\_\_ # of Electric Meters Existing: \_\_\_\_\_ Sketch Attached: Y, N

**For New Construction and Commercial Building Permits, Please fill out side two of this form.**

Arch./Engineer Name: \_\_\_\_\_ Lic. #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Work #:(\_\_\_\_) \_\_\_\_\_ -  
 Address \_\_\_\_\_ Suite/Unit #:  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ -

**Single Family/Double Family Data:**

	<u>Length</u>	<u>Width</u>		<u>Length</u>	<u>Width</u>
First Floor:	_____	_____	Garage:	_____	
Second Floor:	_____	_____	Carport:	_____	
Third Floor:	_____	_____	Porch:	_____	
Basement:	_____	_____	Deck:	_____	

Central:AC: Y , N      No. Baths:\_\_\_\_\_      Fireplaces:N, Y      No. Of Bedrooms:

**Multi-Unit Data** (if over 2 units also fill out Commercial Building Data):  
 No. Efficiencies:\_\_\_\_ No. 1 BR:\_\_\_\_ No. 2 BR:\_\_\_\_ No. 3+BR:\_\_\_\_ Total:

**Commercial Building Data:**

No. Freight Elev.:\_\_\_\_\_      No. Pass. Elevators:\_\_\_\_\_      No. Escalators:\_\_\_\_\_      NO. HWHs:  
 No. Boilers:\_\_\_\_\_      No. HP Boilers:\_\_\_\_\_      No. AC Units:\_\_\_\_\_      Total Tonnage:  
 No. Gas Meters:\_\_\_\_\_      A.B.O. Lic. #:

**Special Approvals:**

**For Department Use ONLY.**

Approval Type/Reason:  
 Signature:\_\_\_\_\_ Date:\_\_\_\_\_ Dept:  
 Approval Type/Reason:  
 Signature:\_\_\_\_\_ Date:\_\_\_\_\_ Dept:  
 Approval Type/Reason:  
 Signature:\_\_\_\_\_ Date:\_\_\_\_\_ Dept:  
 Approval Type/Reason:  
 Signature:\_\_\_\_\_ Date:\_\_\_\_\_ Dept:

**Some Helpful Phone Numbers:**

**Safety & Permits:**

- Building Insp.....565-6130
- Electrical Insp.....565-6145
- Mechanical Insp.....565-6153
- Plan Processing.....565-6115
- Zoning & Signs.....565-6125
- Directors Office.....565-6111
- Fax #.....565-6143

- Board of Assessors.....565-7050
- City Council.....565-6300
- City Business Center.....565-7777
- City Planning Commission..565-7000
- FEMA.....1(800) 820-1125
- Fire Prevention.....565-7805
- HDLC.....565-7440
- State Health.....565-7970