



Date	_____
Tracking Number	_____

BUILDING PERMIT APPLICATION

MASTER APPLICATION

Property Address:	_____				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 _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

SCOPE OF WORK/PROPOSAL

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

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.		
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 _____ ft² Area affected _____ ft² New Area added _____ ft² 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:	Number of Existing Meters		Number of New Meters	
Not Applicable				
Site Built				
Modular				
Manufactured				



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

Dwelling Area _____ ft² Garage Area _____ ft² 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 _____