

ELECTRICAL

SP ED

Date: / /

CITY OF NEW ORLEANS  
Permit Application Checklist

Tracking #

Applicant Name (Please Print):

Job Street Address: Suite/Unit #:

Bounding Streets: , ,

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: / /

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

Contr. Name: Phone #: ( )

Contr. Address: Suite/Unit #:

City: State Zip Code: Soc. Sec. #: \ \

Contr. Co. Name: Federal ID #:

Existing Use: Type:

Proposes Improvement: Type:

Description of Proposed Work:

Related Permits: Value of Proposed Work: \$

Number of Services: Nmb of Const. Loops: NEC Wiring Type:

Service Voltage: 120 ; 120/240 ; 120/208 ; 240/480 ; 277/480 Other:

Service Amperage: Phase: 1 ; 3 Number of New Circuits:

**Elevators; Manlifts; Dumb Waiters; Moving Stairs (Use E;M;D or S for Type):**  
#Type @ HP; #Type @ HP; #Type @ HP  
Signs (total #): Sign Fees: \$

Contractor's Name (Print): TOTAL FEES \$

Contractor's Signature: Date: / /