

**CITY OF NEW ORLEANS
DEPARTMENT OF SAFETY & PERMITS
CHANGE OF USE REVIEW FORM**

I Applicant Information

Subject Address _____ Suite _____ Inspection Date _____

Owner's Name _____ Contact Person _____

Telephone No. _____

II General Information

Zoning Classification _____ Map No. _____

Proposed Business _____ Previous Business _____

Tenant Area Dimensions: Length _____ Width _____

Parking Spaces Required _____ Parking Spaces Provided _____

Door Clear Width _____ Total Travel Distance _____

Stairs: Width _____ Landing _____ Treads _____

Risers: _____ Handrails _____ Door Width _____

Number of Stores _____ Total Sq. Footage _____

III Separation Requirements

1. Tenant _____ Occupancy _____

Note: A) Are there other units in the building? _____

B) Are different occupancy types going to be created? _____

IV Review Information

A) Are there any dead ends? _____ If so how long _____

B) Is the exit discharge directly to the public way? _____

C) Width of interior corridor? _____

D) Number of extinguishers present? _____ (1 Required)

E) Are the exits clearly marked? _____

F) Is the building or Suite Handicap Accessible? _____ Slope of ramps _____

Inspector's Signature
ebb/4/4/03