

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