

ELECTRICAL

SP ED

Date: 08/07/12

CITY OF NEW ORLEANS
Permit Application Checklist

Tracking # _____

Applicant Name (Please Print): James Dammon
Job Street Address: 300 CANAL STREET Suite/Unit #: _____
Bounding Streets: _____, _____, _____

Lot #: _____ Square #: _____ Tax Bill #: _____

Owner's Name: M. Natal
Owner's Address: 394 VOTERS RD Suite/Unit #: _____
City: SLIDELL State: LA Zip Code: 70458
Owner's Home Phone #: 989 649-2713 Work #: ()

Zoning: _____ Map #: _____ HDLC/VCC: _____ Y : N BZA #: _____ Ord #: _____
Zoning Checked By: _____ Date: 11

Contractors Lic. No.: 08LEL-00195 Resident Status No.: _____ Exp. Date: 8/10/12
Contr. Name: JAMES DAMMON Phone #: ()
Contr. Address: 554 OLD SPANISH TRAIL Suite/Unit #: _____
City: SLIDELL State: LA Zip Code: 70458 Soc. Sec. #: 1 1
Contr. Co. Name: _____ Federal ID #: 020788384

Existing Use: Hotel Type: _____
Proposes Improvement: _____ Type: _____

Description of Proposed Work: BATHROOM RENOVATION REPLACE
LIGHT SWITCHES 1-GFI - Recessed Can
Related Permits: 12-16707 Value of Proposed Work: \$ \$800.00

Number of Services: _____ Number 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): JAMES K DAMMON TOTAL FEES \$ 40.00
Contractor's Signature: James K Dammon Date: 8/7/12