

TEMP Pole

ELECTRICAL

SP ED

Date: 8/7/12

CITY OF NEW ORLEANS
Permit Application Checklist

Tracking # _____

Applicant Name (Please Print): James Dammon
Job Street Address: 3801 SAINT BERNARD AVE Suite/Unit #: A
Bounding Streets: _____, _____, _____

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

Owner's Name: Broadmore
Owner's Address: 2740 NARVOUZE RD Suite/Unit #: _____
City: METairie State: LA Zip Code: 70002
Owner's Home Phone #: (504) 885-5400 Work #: ()

Zoning: _____ Map #: _____ HDLC/VCC: _____ Y : N BZA #: _____ Ord #: _____
Zoning Checked By: _____ Date: 1/1

Contractors Lic. No.: 08LEL00195 Resident Status No.: _____ Exp. Date: 8/1/12
Contr. Name: JAMES DAMMON Phone #: ()
Contr. Address: 5540 CD SPANISH TRAIL Suite/Unit #: _____
City: SLIDELL State: LA Zip Code: 70458 Soc. Sec. #: _____
Contr. Co. Name: _____ Federal ID #: 020788384

Existing Use: _____ Type: _____
Proposes Improvement: Educare Type: _____

Description of Proposed Work: Temporary Pole

Related Permits: 11COM01318 Value of Proposed Work: \$ 50000

Number of Services: 1 Number of Const. Loops: 1 NEC Wiring Type: _____
Service Voltage: 120 ; 120/240 ; _____ ; 240/480 ; 277/480 Other: _____
Service Amperage: 100 Phase: 1 ; 3 Number of New Circuits: 4

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 Dammon TOTAL FEES \$ 4000
Contractor's Signature: James Dammon Date: 8/7/12

Temp Pole

ELECTRICAL

SP ED

Date: 8/07/12

CITY OF NEW ORLEANS
Permit Application Checklist

Tracking # _____

Applicant Name (Please Print): JAMES DAMMON
Job Street Address: 3801 SAINT BERNARD AVE Suite/Unit #: C
Bounding Streets: _____, _____, _____

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

Owner's Name: BROADMORE
Owner's Address: 2740 NORTH ARNOULT ROAD Suite/Unit #: _____
City: Metairie State: LA Zip Code: 70002
Owner's Home Phone #: () _____ Work #: (504) 885-5400

Zoning: _____ Map #: _____ HDLC/VCC: _____ Y : N BZA #: _____ Ord #: _____
Zoning Checked By: _____ Date: 1/1

Contractors Lic. No.: 08LEL-00195 Resident Status No.: _____ Exp. Date: 8/1/12
Contr. Name: JAMES DAMMON Phone #: (985) 290 3888
Contr. Address: 554 OLD SPANISH TRAIL Suite/Unit #: _____
City: SLIDELL State: LA Zip Code: 70458 Soc. Sec. #: _____
Contr. Co. Name: _____ Federal ID #: 020788384

Existing Use: _____ Type: _____
Proposes Improvement: EDUCAPE Type: _____

Description of Proposed Work: TEMPORARY POWER

Related Permits: 11COM-01318 Value of Proposed Work: \$ 520.00

Number of Services: 1 Number of Const. Loops: 1 NEC Wiring Type: THHN
Service Voltage: 120 : 120/240 120/208 ; 240/480 ; 277/480 Other: _____
Service Amperage: 100 Phase: T ; 3 Number of New Circuits: 4

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 \$ 4000
Contractor's Signature: James K. Dammon Date: 8/7/12