

CITY OF ALEXANDRIA - BUILDING PERMIT APPLICATION

625 Murray Street, Alexandria, LA 71301

Office (318) 473-1170 Fax (318) 473-1372

A. Project Location Information		IMPORTANT: Applicant must complete Sections A - K	
Project Address	Unit #	Zip	
Subdivision	Lot	Block	
If Commercial, Business Name	Total Land Sq. Ft.		
B. Permit Type and Proposed Use			
Residential <input type="checkbox"/> Single Family <input type="checkbox"/> Garage <input type="checkbox"/> Two Family / Duplex <input type="checkbox"/> Carport <input type="checkbox"/> Three Family / Triplex <input type="checkbox"/> Other <input type="checkbox"/> Number of bedrooms per home = _____ <input type="checkbox"/> Number of bathrooms per home = _____	Commercial Designed Occupancy Classification per IBC: _____ <input type="checkbox"/> Assembly (A1 - A5) <input type="checkbox"/> Institutional (I1-I4) <input type="checkbox"/> Business (B) <input type="checkbox"/> Mercantile (M) <input type="checkbox"/> Education (E) <input type="checkbox"/> Residential (R1-R4) <input type="checkbox"/> Factory / Industry (F1, F2) <input type="checkbox"/> Storage (S1, S2) <input type="checkbox"/> High Hazard (H1-H5) <input type="checkbox"/> Utility and Misc. (U)		
C. Use Description (Example: Residence, Day Care, Doctors Office, Restaurant, Church, Service Station, etc.)			
		<input type="checkbox"/> Private Ownership	<input type="checkbox"/> Public Ownership
D. Description of Work to be Performed		E. Building Information	
<input type="checkbox"/> New construction <input type="checkbox"/> Repair / Replacement <input type="checkbox"/> Addition <input type="checkbox"/> Move / Relocation <input type="checkbox"/> Alteration / Remodel <input type="checkbox"/> Foundation Only <input type="checkbox"/> Tenant Infill / Build-out <input type="checkbox"/> Wrecking / Demolition	<input type="checkbox"/> Total Sq. Ft. = _____ <input type="checkbox"/> Number of Stories = _____ <input type="checkbox"/> Construction Cost = _____		
F. Building Characteristics			
Type of Frame <input type="checkbox"/> Wood frame <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other _____			
Type of Heating Fuel <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Other _____	Type of Mechanical <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Window Unit <input type="checkbox"/> Other _____	Type of Water Supply <input type="checkbox"/> Public or Private Co. <input type="checkbox"/> Private (well) <input type="checkbox"/> Other _____	Type of Sewage <input type="checkbox"/> Public or Private Co. <input type="checkbox"/> Private (Septic tank) <input type="checkbox"/> Other _____
G. Parking		H. Special Building / Site Features	
Number of Parking Spaces <input type="checkbox"/> Enclosed = _____ <input type="checkbox"/> Outdoor = _____	<input type="checkbox"/> Grease Trap Size = _____ Gallons <input type="checkbox"/> Driveway Concrete Culvert Size = _____ Inches	<input type="checkbox"/> Medical Gas <input type="checkbox"/> Elevator <input type="checkbox"/> Fire Suppression System	
I. Identification - Owner, Contractor, Designer			
Owner	Entity Name	Mailing Address	Phone
		Email Address	Contact
Contractor	Entity Name	Mailing Address	Phone
	LA Lic # _____	Email Address	Contact
Designer	Entity Name	Mailing Address	Phone
	LA Lic # _____	Email Address	Contact

Project Address _____

Project Name _____

J. Checklist of Information Submitted by the Applicant for Permitting

- | | | |
|--|--|---|
| <input type="checkbox"/> Completed Building Permit Application | <input type="checkbox"/> State Fire Marshall Review Letter | <input type="checkbox"/> SWPPP Application |
| <input type="checkbox"/> Two paper sets construction documents | <input type="checkbox"/> COA Fire Prevention Inspection Report | <input type="checkbox"/> SWPPP NOI <input type="checkbox"/> N/A |
| <input type="checkbox"/> Electronic PDF copy of constr. docs. | <input type="checkbox"/> COA Grease Trap Sizing Form | <input type="checkbox"/> SWPPP BMP Site Plan |
| <input type="checkbox"/> UL cut sheets for firewalls (if applicable) | <input type="checkbox"/> Geotechnical / Soil Bearing Report | <input type="checkbox"/> Other _____ |

K. Signature of Applicant

1. I acknowledge that this permit becomes null and void if work of construction authorized is not commenced within 180 days at any time after work is commenced. I have read and examined this application in its entirety and have completed the appropriate sections of this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction. The proposed work is authorized by the owner of record and that I am or have been authorized by the owner to make this application as the authorized agent and agree to conform to all applicable laws of this jurisdiction.
2. I acknowledge that if the property is within a Flood Hazard Area, upon completion of the project and prior to the availability of a Certificate of Occupancy from the City of Alexandria, an Elevation Certificate, signed and stamped by a Licensed Land Surveyor or P.E., shall be submitted to the City of Alexandria Floodplain Administrator.
3. I acknowledge that it is the contractors responsibility to ensure that a stamped set of "Approved Plans by the City of Alexandria" is required to remain on the jobsite throughout construction. It is the contractor responsibility to obtain a copy of such plans from the City of Alexandria Planning Division, the Professional of Record, or the owner.

Signature _____ Date _____



See page 3, Section Q for Building Permit Application submittal process.

IN-OFFICE USE ONLY



L. Development Permit

Zoning Classification _____ Permitted Use Yes No

Minimum Parking Requirements _____

Flood Hazard Zone _____ Flood Hazard Area _____

Base Flood Elevation _____ Feet (NGVD 1988), as per FEMA FIRM _____

Approved by Assistant City Engineer (Signature) _____

M. Additional Permits or Approval Required prior to Issuance of a Certificate of Occupancy

- | | | |
|--|--|---|
| <input type="checkbox"/> Zoning Variance | <input type="checkbox"/> Demolition Permit | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Special Exception Appeal / ZABA | <input type="checkbox"/> Culvert / Sidewalk Approval | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Grading Permit | <input type="checkbox"/> Sign or Billboard Permit | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Driveway Permit | <input type="checkbox"/> Trailer Placement | <input type="checkbox"/> Gas |
| <input type="checkbox"/> LA DOTD Permit | <input type="checkbox"/> Swimming Pool Permit | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> DHH Approval Letter | <input type="checkbox"/> Inspector Review Sheet |

N. Project Code Compliance Summary

- | | |
|---|---|
| <input type="checkbox"/> IBC Use / Occupancy Classification _____ | <input type="checkbox"/> Live Loading _____ |
| <input type="checkbox"/> Fire Grading _____ | <input type="checkbox"/> Occupancy Load _____ |

O. Validation

Building Permit Number _____ Date Building Permit Issued _____

Building Permit Fee _____ Date Certificate of Occupancy Issued _____

Approved by Building Official (Signature) _____

