



# CMDV REHAB PERMIT APPLICATION

625 Murray Street, Alexandria, LA 71301  
Office: (318) 449-5072

cda@cityofalex.com  
Fax: (318) 449-5031

<b>A. Project Municipal Address (Call 318-473-1175 for address assignment, if unknown)</b>		
House # & Street Name	Unit #	MPN Project #
<b>B. Building Current Use</b>		<b>C. Description of Work to be Performed</b>
<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family / Duplex <input type="checkbox"/> Other _____		<input type="checkbox"/> Repair / Replacement <input type="checkbox"/> Other _____
<b>D. Building Features</b>		<b>E. Building Utilities</b>
# bedrooms = _____	# bathrooms = _____	Utilities requested for connection / turn-on? Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No    Water Meter # _____ Water <input type="checkbox"/> Yes <input type="checkbox"/> No    Gas Meter # _____ Gas <input type="checkbox"/> Yes <input type="checkbox"/> No    Electric Meter # _____ Electricity <input type="checkbox"/> Yes <input type="checkbox"/> Cleco
<b>F. Building Size</b>		<b>G. Building Construction Costs</b>
Total SF (Square Footage) should reflect the overall under roof area for the entire structure after all construction is complete:  <input type="checkbox"/> Total SF = _____ <input type="checkbox"/> H/C SF = _____ <input type="checkbox"/> # of Stories = _____ <input type="checkbox"/> # of Parking Spaces = _____		All cost fields are REQUIRED to be completed using fair market value for material and labor as itemized below (even if material and labor are donated):  <input type="checkbox"/> Electrical = _____ <input type="checkbox"/> Plumbing = _____ <input type="checkbox"/> Mechanical = _____  <input type="checkbox"/> TOTAL Building Construction Cost = _____
<b>H. Detailed Scope of Work Proposed to be Performed</b>		
<b>I. Signature of Applicant</b>		
1. I have read this application in its entirety, completed the appropriate sections 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. 2. I acknowledge that any Rehab Permit issued by Community Development is only valid for 90 calendar days. Any Rehab Permit becomes null and void if work or construction authorized is not commenced within 30 days at any time after work is started. Inspections are required. 3. The Rehab Permit fee is \$150.00. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. 4. The proposed work is authorized by the owner of record and I 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.		
Signature: _____		Phone #: _____ Date: _____
Printed Name: _____		Email: _____



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1. All persons/disciplines working on this project must listed on this application and must be REGISTERED with the City of Alexandria prior to the Building Permit being issued and/or performing work. In order to be registered, additional requirements may apply, including registration fees and Louisiana State Licensing. Call 318-449-5072 for a Jurisdiction Registration Application or email: [permits.callcenter@cityofalex.com](mailto:permits.callcenter@cityofalex.com).
2. See the Louisiana Contractors Licensing Law for details at [www.lslbc.louisiana.gov](http://www.lslbc.louisiana.gov) or call 225-765-2301. See Acts 193, 398 and 725.
3. By listing the information below, you are granting permission for those entities to have Customer Portal access to the City's Permitting software (My Permit Now) on this particular project. Subcontractors listed will have the ability to view the project account online, schedule inspections, view project permit status (pending, approved, or denied), view inspection status (passed or failed), and view / print drawings submitted to COA for permitting. Visit [www.mypermitnow.org](http://www.mypermitnow.org) to set-up Customer Portal access to your project. Call 866-957-3764 x. 1 with questions.
4. The General Contractor listed will automatically be notified by email on all inspection status. Telephone notification may also be requested.

**J. Identification of Responsible Parties for this project (all correspondence will be sent through email)**

	Entity Name	Email Address	Phone
Owner / Tenant			Contact
Contractor			Contact
Plumber			Contact
Electrician			Contact
HVAC			Contact
EPA Lead Contractor			Contact
Demolition Contractor			Contact
Abatement Contractor			Contact
Other: Specify			Contact