

MPN Project #



A. Project Municipal Address (Call 318-473-1175 for address assignment, if unknown)		E. Use (Example: Residence, Office, Restaurant, etc)	
		Unit # _____	
C. Description of Work to be Performed		E. Building Size	
<input type="checkbox"/> New construction / Addition <input type="checkbox"/> Tenant Infill / Build-out <input type="checkbox"/> Alteration / Renovation <input type="checkbox"/> Repair / Replacement		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 = _____	
D. Building Characteristics		F. Building Costs	
Utilities requested / affected? Type of Building Frame? Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Wood Frame Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Masonry / CMU Gas <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Structural Steel Electricity <input type="checkbox"/> Yes <input type="checkbox"/> Cleco <input type="checkbox"/> Other _____		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"/> TOTAL Building Construction Cost = _____ <input type="checkbox"/> Electrical = _____ <input type="checkbox"/> Plumbing = _____ <input type="checkbox"/> Mechanical = _____	
G. Detailed Scope of Work Proposed to be Performed			
H. RESIDENTIAL ONLY - Permit Type and Proposed Use			
<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family / Duplex <input type="checkbox"/> Detached Storage <input type="checkbox"/> Other <input type="checkbox"/> # bedrooms = _____ <input type="checkbox"/> # bathrooms = _____		NEW Residential construction or Additions: Verify which documentation / methods will be used: <input type="checkbox"/> Mechanical Manual J, Manual D & Manual S provided <input type="checkbox"/> Stormwater Pollution Prevention Application provided <input type="checkbox"/> Duct Leakage Test by TPP.....OR..... <input type="checkbox"/> Duct Leakage Test by NON-Certified HVAC Contractor <input type="checkbox"/> Spray Foam Insulation - Walls and/or Attic.....OR..... <input type="checkbox"/> Minimum R30 Attic Insulation <input type="checkbox"/> Blower Door Test & Report by TPP.....OR..... <input type="checkbox"/> Visual Thermal Envelope Inspection	
I. COMMERCIAL ONLY - Permit Type and Proposed Use			
Business Name: _____			
<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)		Special Building Features? <input type="checkbox"/> Grease Trap _____ (size) <input type="checkbox"/> Medical Gas <input type="checkbox"/> Elevator <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Other	
NEW Commercial construction & additions: <input type="checkbox"/> SFM Review Letter & SFM Stamped Plans provided <input type="checkbox"/> Mechanical Manual J, Manual D & Manual S provided <input type="checkbox"/> Stormwater Pollution Prevention Application <input type="checkbox"/> UL Cut Sheets provided (may apply) <input type="checkbox"/> DHH Checklist for food/beverage service (may apply)			
J. Signature of Applicant			
I acknowledge that this permit becomes null and void if work or construction authorized is not commenced within 180 days at any time after work is started. 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. 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. 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 #: _____	
Printed Name: _____		Date: _____	
		Email: _____	

JOB CONTACT INFORMATION

625 Murray Street, Alexandria, LA 71301

Office: (318) 473-1372

(Revised 12.13.16)

Permits@cityofalex.com

Fax: (318) 619-3403

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Unit #

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 318-473-1372 for a Jurisdiction Registration Application or email: permits@cityofalex.com.
2. See the Louisiana Contractors Licensing Law for details at 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 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.

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

Owner / Tenant	Entity Name	Email Address	Phone
			Contact
Contractor	Entity Name	Email Address	Phone
			Contact
Designer	Entity Name	Email Address	Phone
			Contact
Plumber	Entity Name	Email Address	Phone
			Contact
Electrician	Entity Name	Email Address	Phone
			Contact
HVAC	Entity Name	Email Address	Phone
			Contact
WSPS Irrigation	Entity Name	Email Address	Phone
			Contact
Demolition Contractor	Entity Name	Email Address	Phone
			Contact
Other: Specify	Entity Name	Email Address	Phone
			Contact