

CITY OF NEW ORLEANS DEPARTMENT OF SAFETY & PERMITS

Neighborhood Conservation District Committee

Date:	Tracking Number:		
Applicant's Name (Please Print):			
Permit Address:		Suite/Unit:	
Owner Name:			
Owner Address:	City:	State: ZIP:	
Owner Telephone No.:	Secondary Tele	Secondary Telephone No.:	
Applicant Name (if different than owner	r):		
Applicant Address:	_	Suite/Unit:	
City:State:	ZIP: Telepho	one Number:	
Applicant is: Owner, Lessee	, Contractor,	Architect, Other:	
The following items are required before Neighborhood Conservation District Co Completed Demolition Rec	ommittee:	G	
		emolished (front, rear, left, and of the property and the view	
☐ Printed copy of the Assess	or's Aerial Map, with the	subject property indicated.	
☐ Recorded Act of Sale (if th	Recorded Act of Sale (if the property has recently changed ownership).		
☐ Future plans (if available)	Future plans (if available) including site plans and exterior elevations.		
☐ Additional Requirements:	Additional Requirements:		
Submitted by:		Date:	
Accepted by:			
ev. 4/12 / JM			