

**CITY OF NEW ROADS
BUILDING PERMIT FEES**

RESIDENTIAL PERMIT FEE

Fees will be determined by the following:

- 1) Total square footage of house
- 2) Multiplied by \$82.00 or the current southern regional average cost to construct a house in a rural area as Published by the National Home Builders Association, to determine the house value.
- 3) Multiplied by the average cost of construction permit fee of \$3.50.

Example: 2000 square ft. house

2000X \$82.00 = \$164,000.00 (cost of construction)

\$3.50 per thousand dollars = \$574.00 (permit fee)

FLOOD PLAN REVIEW \$45.00

PLAN REVIEW \$75.00

COMMERCIAL PERMIT FEE

Fees will be determined by the following:

- 1) \$5.00 per thousand for first \$3 million
- 2) \$3.00 per thousand for next \$2 million
- 3) \$1.00 per thousand for exceeding \$5 million

FLOOD PLAN REVIEW \$45.00

PLAN REVIEW \$125.00-\$350.00

CITY OF NEW ROADS
PERMIT AND INSPECTION DEPARTMENT
211 WEST MAIN STREET
NEW ROADS, LA 70760
RESIDENTIAL CONSTRUCTION

NOTICE TO CONTRACTORS:

CHECK OR MONEY ORDER MUST BE PAYABLE TO CITY OF NEW ROADS. ALL WORK SHALL BE READILY ACCESSIBLE FOR INSPECTION BY THE BUILDING OFFICIAL OR HIS AUTHORIZED REPRESENTATIVE. THIS FORM OFFERS NO DEVIATION OR EXCLUSION FROM PERMITTING PROCEDURES AND OR POLICIES, LOCAL ORDINANCES, OR CODES ADOPTED BY THIS JURISDICITON.

PROJECT INFORMATION (PLEASE PRINT)

OWNER OF PROPERTY: _____ PHONE NO: _____

ADDRESS OF PROPOSED SITE: _____

SUBDIVISION: _____

CONTRACTOR INFORMATION (PLEASE PRINT)

CONTRACTOR: _____ PHONE NO: _____

ADDRESS: _____ LICENSE NO: _____

RESIDENTIAL	COST
Square Foot: _____ X \$82.00 =	_____
Construction cost: _____ X \$3.50=	_____
Flood Plan review:	\$45.00
Plan review:	\$75.00
Total	_____

This is to certify that I, _____ am the authorized agent for the owner of subject property. I have read and understand the above stipulations and I agree to perform all work and comply with all standards as required by codes and regulations as set for in the City of New Roads Code or Ordinances.

Authorized Signature

Date

CITY OF NEW ROADS ELECTRICAL PERMIT APPLICATION
CITY OF NEW ROADS PERMIT AND INSPECTION DEPARTMENT
211 WEST MAIN STREET
NEW ROADS, LA 70760

NOTICE TO CONTRACTORS:

CHECK OR MONEY ORDER MUST BE PAYABLE TO CITY OF NEW ROADS. ALL WORK SHALL BE READILY ACCESSIBLE FOR INSPECTION BY THE BUILDING OFFICIAL OR HIS AUTHORIZED REPRESENTATIVE. THIS FORM OFFERS NO DEVIATION OR EXCLUSION FROM PERMITTING PROCEDURES AND OR POLICIES, LOCAL ORDINANCES, OR CODES ADOPTED BY THIS JURISDICITON.

PROJECT INFORMATION (PLEASE PRINT)

OWNER OF PROPERTY: _____ PHONE NO: _____

ADDRESS OF PROPOSED SITE: _____

CONTRACTOR INFORMATION (PLEASE PRINT)

CONTRACTOR: _____ PHONE NO.: _____

ADDRESS: _____ LICENSE NO: _____

ITEM	COST	TOTAL AMOUNT
0-1500 SQ FEET	\$180.00	_____
1501-2500 SQ FEET	\$225.00	_____
OVER 2500 SQ FEET	\$280.00	_____
Electrical upgrade outside service	\$ 50.00	_____
Reconnect inspection fee	\$ 25.00	_____
Remodeling	\$ 75.00	_____
Generator installation	\$ 75.00	_____
Commercial 400 amp service	\$350.00 + \$25.00 per sub panel	_____

This is to certify that I, _____ am the authorized agent for the owner of subject property. I have read and understand the above stipulations and I agree to perform all work and comply with all standards as required by codes and regulations as set for in the City of New Roads Code or Ordinances.

Authorized Signature

Date

PERMIT #: _____

DATE: _____

PLUMBING PERMIT APPLICATION

CITY HALL

211 WEST MAIN STREET

NEW ROADS, LA 70760

NOTICE TO CONTRACTORS:

All work shall be readily accessible for inspection by the inspector. This form offers no deviation or exclusion from permitting procedures and/or policies, local ordinances, or codes adopted by this jurisdiction.

OWNER OF PROPERTY: _____ PHONE NO: _____

ADDRESS OF PROPOSED SITE: _____

CONTRACTOR: _____ PHONE NO.: _____

ADDRESS: _____ LICENSE NO: _____

AUTHORIZED SIGNATURE: _____

PERMIT FEE SCHEDULE

QUANTITY	ITEM (EACH)	COST	TOTAL	QUANTITY	ITEM (EACH)	COST	TOTAL
_____	Bathtub	\$6.00	_____	_____	Bidet	\$6.00	_____
_____	HW Heater	\$6.00	_____	_____	Roof Drain	\$6.00	_____
_____	Lavatory	\$6.00	_____	_____	Receptor	\$6.00	_____
_____	Show Bath	\$6.00	_____	_____	Sprinkler Heads<20	\$15.00	_____
_____	Kitchen Sink	\$6.00	_____	_____	Sprinkler Heads 20-100	\$50.00	_____
_____	Water Closet	\$6.00	_____	_____	Sprinkler Heads >101	\$25.00	_____
_____	Washing Machine	\$6.00	_____	_____	Standpipes	\$25.00	_____
_____	A/C Drain	\$6.00	_____	_____	Sewer Tie In	\$6.00	_____
_____	Gas Outlet	\$6.00	_____	_____	Urinal	\$6.00	_____
_____	Dishwasher	\$6.00	_____	_____	Garbage Disposal	\$6.00	_____
_____	Floor Drain	\$6.00	_____	_____	Drinking Fountain	\$6.00	_____
_____	Service Sink	\$6.00	_____	_____	Minimum Permit	\$75.00	_____
					TOTAL		_____

This is to certify that I, _____ am the authorized agent for the owner of subject property. I have read and understand the above stipulations and I agree to perform all work and comply with all standards as required by codes and regulations as set for in local and state law.

PERMIT #: _____

DATE: _____

MECHANICAL PERMIT APPLICATION

CITY HALL

211 WEST MAIN STREET

NEW ROADS, LA 70760

NOTICE TO CONTRACTORS:

All work shall be readily accessible for inspection by the inspector. This form offers no deviation or exclusion from permitting procedures and/or policies, local ordinances, or codes adopted by this jurisdiction.

OWNER OF PROPERTY: _____ PHONE NO: _____

ADDRESS OF PROPOSED SITE: _____

CONTRACTOR: _____ PHONE NO.: _____

ADDRESS: _____ LICENSE NO: _____

AUTHORIZED SIGNATURE: _____

PERMIT FEE SCHEDULE

RESIDENTIAL NEW/RENOVATION/ADDITION/TOWNHOUSE

ITEM	COST	QUANTITY	TOTAL AMOUNT
PER COMPONENT	\$ 30.00	_____	_____
PER REGISTER	\$ 2.00	_____	_____
COMPLETE CHANGE OUT	\$100.00	_____	_____

EXISTING TOWNHOUSE

PER COMPONENT	\$ 30.00	_____	_____
---------------	----------	-------	-------

COMMERCIAL NEW/RENOVATION/ADDITION/TOWNHOUSE

MINIMUM	\$100.00	_____	_____
PER TON	\$ 10.00	_____	_____
PER REGISTER	\$ 5.00	_____	_____

This is to certify that I, _____ am the authorized agent for the owner of subject property. I have read and understand the above stipulations and I agree to perform all work and comply with all standards as required by codes and regulations as set for in local and state law.

AIR BARRIER AND INSULATION INSPECTION

Project Address: _____

Insulation Installer - Company Name: _____
 Company Address: _____
 Company Phone #: _____

TABLE N1102.4.2 AIR BARRIER AND INSULATION INSPECTION

VERIFIED DATE	COMPONENT	CRITERIA
	Air barrier and thermal barrier	Exterior thermal envelope insulation for framed walls is installed in substantial contact and continuous alignment with building envelope air barrier. Breaks or joints in the air barrier are filled or repaired. Air-permeable insulation is not used as a sealing material.
	Ceiling/attic	Air barrier in any dropped ceiling/soffit is substantially aligned with insulation and any gaps are sealed Attic access (except unvented attic), knee wall door, or drop down stair is sealed.
	Walls	Corners and headers are insulated. Junction of foundation and sill plate is sealed.
	Windows and doors	Space between window/door jambs and framing is sealed.
	Rim joists	Rim joists are insulated and include an air barrier.
	Floors (including above garage and cantilevered floors)	Insulation is installed to maintain permanent contact with underside of subfloor decking. Air barrier is installed at any exposed edge of floor.
	Crawlspace walls	Insulation is permanently attached to walls. Exposed earth in unvented crawlspaces is covered with Class I vapor retarder with overlapping joints taped.
	Shafts, penetrations	Duct shafts, utility penetrations, knee walls and flue shafts opening to exterior or unconditioned space are sealed.
	Narrow cavities	Batts in narrow cavities are cut to fit, or narrow cavities are filled by sprayed/blown insulation.
	Garage separation	Air sealing is provided between the garage and conditioned spaces.
	Recessed lighting	Recessed light fixtures are airtight, IC rated and sealed to drywall. Exception-fixtures in conditioned space.
	Plumbing and wiring	Insulation is placed between outside and pipes. Batt insulation is cut to fit around wiring and plumbing, or sprayed/blown insulation extends behind piping and wiring.
	Shower/tub on exterior wall	Showers and tubs on exterior walls have insulation and an air barrier separating them from the exterior wall.
	Electrical/phone box on exterior wall	Air barrier extends behind boxes or air sealed type boxes are installed.
	Common wall	Air barrier is installed in common wall between dwelling units.
	HVAC register boots	HVAC register boots that penetrate building envelope are sealed to subfloor or drywall.
	Fireplace	Fireplace walls include an air barrier.

Signature of Approved Party Verification of the above Chart: _____
 Date: _____

NOTE: Signature acknowledges that he/she is an Independent Party other than the installer of the insulation company and assumes responsibility for its contents.

BLOWER DOOR TEST SHEET

HOUSE INFORMATION:

Permit # _____
 Owner Name: _____
 House Address: _____
 City, State, Zip: _____
 Superintendent: _____
 Phone: _____
 Email: _____

INSPECTOR INFORMATION:

Inspector: _____
 Certifying Body: _____
 Certification Number: _____
 Expiration Date: _____

HOUSE TAKE-OFFS:

Conditioned Floor Area: _____ Conditioned House Volume: _____
Calculate house volume: Interior Floor Area x Ceiling Height = Total House Volume

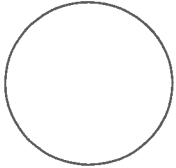
BLOWER DOOR TESTS:

Equipment: Minneapolis BD3 + DB-700 Manometer

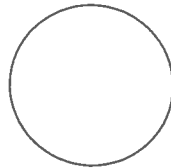
Calculate ACH₅₀: $\frac{CFM_{50} \times 60}{\text{House Volume}}$

DATE	RING	CFM ₅₀	ACH ₅₀
	<input type="checkbox"/> Open <input type="checkbox"/> A <input type="checkbox"/> B		

Blower Door Test (BDT) threshold: $\leq 7ACH_{50}$



PASS



FAIL

DATE: _____

SIGNATURE: _____ PRINTED NAME: _____

COMMENTS:

Total Duct Leakage Verification Form

Address: _____	Date: _____
_____	_____
_____	_____
Permit # _____	_____

HVAC Installing Company _____

Duct Tightness Testing Completed By: _____ Phone # _____

Certification Number _____ National Certifying Body _____

Note: If all of the ductwork and air handler are in the conditioned space this test is not required.

Total Duct Leakage is accomplished by the use of a Duct Leakage Tester alone and makes no representation to Leakage to Outdoors.

Types of testing and Total Duct Leakage Test limits as described in IECC 2009 and adopted by the State of Louisiana.

- RIWO Rough In With-Out air handler installed is ≤ 4 CFM per 100 ft² CFA
- RIW Rough In With air handler installed is ≤ 6 CFM per 100 ft² CFA
- PCW Post Construction With air handler installed is ≤ 12 CFM per 100 ft² CFA

System Name	CFA	Type of test performed	CFM per 100 ft ² CFA	Pass / Fail

NOTE: This certificate shall be submitted to the appropriate Code official for approval and a copy made available to the homeowner for their records.