

April 28, 2025

VIA HAND DELIVERY

City of New Orleans
Ms. Aisha Collier, Clerk of Council
1300 Perdido Street, Room 1E09
New Orleans, Louisiana 70112
lwjohnson@nola.gov

**RE: APPEAL OF
COMMERCIAL SHORT TERM RENTAL INTERIM ZONING DISTRICT
1201 CANAL STREET**

Dear Clerk:

Pursuant to section D of the appeal procedure, which provides in part:

Determinations as to the applicability of the Interim Zoning District to any particular property shall be made by the Department of Safety and Permits. Appeals of the Interim Zoning District shall be submitted directly to the City Council in accordance with the applicable law. The Council shall have sixty (60) days from the receipt of recommendation to act upon the appeal by motion.

Adopted by Ord. 29701 MCS, 11-7-23, Zoning Docket 62/23;
Extended by Ordinance 30130, M.C.S., 11-7-24

My client 1201 Canal Apartments, LLC, is appealing to allow the property twenty-five percent (25%) of its property or fifty-eight (58) units, permitted for commercial short-term rentals.

If you have any questions or require any additional information in this regard, please let me know. Thank you.

Sincerely,



Robert "Bob" J. Ellis, Jr.

RJE/ser



Building/Construction
Related Permit



Date _____ Received by _____
Tracking Number _____

SHORT TERM RENTAL AND BED & BREAKFAST APPEAL APPLICATION

Applications must be complete and submitted in person. Faxed, emailed or incomplete applications will not be accepted.

Reviews take up to 60 days. As part of the review, the City Planning Commission staff will evaluate the appeal against the standards in Article 19, Section 19.4.A. The City Planning Commission staff will forward its recommendation to the City Council, which will take action on the request.

Property Location 1201 Canal Street

Square Number 127

Lot Number 11046

Tax Bill Number _____

APPLICANT INFORMATION

Applicant Identity: ☐ Property Owner ☒ Agent

Applicant Name Robert "Bob" J. Ellis, Jr.

Applicant Address 650 Poydras Street, Suite 2615

City New Orleans

State Louisiana

Zip 70130

Applicant Contact Number 504.648.1858

Email Bob@GB-LawFirm.com

PROPERTY OWNER INFORMATION

SAME AS ABOVE ☐

Property Owner Name 1201 Canal Apartments, LLC

Property Owner Address 1201 Canal Street

City New Orleans

State Louisiana

Zip 70112

Property Owner Contact Number 504.302.2505

Email lcuicchi@kfkgroup.com

PROJECT DESCRIPTION

Appeal of the Commercial Short Term Rental Interim Zoning District at 1201 Canal Street to allow for the property to have twenty-five (25%) of its property, fifty-eight (58) units, permitted for commercial short-term rentals.

ADDITIONAL INFORMATION

License Number(s) (If applicable) _____

Number of Off-street Parking Spaces _____

Type of Building

☐ Residential
(Single Family)

☐ Residential
(Two Family/double)

☐ Apartment or Unit in
Multi-Family Building

☐ Condo

Type of Rental

☐ Accessory 1 side of a
Double

☐ Accessory Partial Unit

☐ Bed & Breakfast

☒ Commercial

Number of Bedrooms in Unit: See attached

Number of Bedrooms to be Rented: See attached

Maximum number of Occupants per Bedroom: 2

List all platforms you rent/will be renting this property through (e.g. AirBnb, VRBO, HomeAway, etc):

AirBnb & VRBO



Building/Construction
Related Permit



Date _____

Tracking Number _____

SHORT TERM RENTAL AND BED & BREAKFAST APPEAL APPLICATION

FEES

Short Term Rental Appeal	\$1,000
Bed & Breakfast Appeal	\$1,000

ACKNOWLEDGMENTS

I (We) hereby affirm that ownership and property information presented on this application is current and accurate and, further, that the undersigned meets the requirements of Article 4 of the Comprehensive Zoning Ordinance to submit this application. I (We) acknowledge that inaccurate or incomplete ownership, improper authorization, or property identification will make this application null and void. I (We) the undersigned owner or authorized agent of the area of land described above, hereby submit for your approval the above stated request.

Applicant Name Lee Cuicchi Date 3/31/25

Applicant Signature [Signature]

Property Owner Name Lee Cuicchi for 1201 Canal Apartments Date 3/31/25

Property Owner Signature* [Signature]

*If ownership is joint, each owner must be listed. If ownership is a partnership, the Partnership Agreement must be included. If ownership is a corporation, Articles of Incorporation and a Board Resolution authorizing an individual or agent to sign on its behalf or if ownership is a LLC, Articles of Organization and legal documentation authorizing an individual or agent to sign on its behalf must be included. If necessary, submit proof of ownership documents, such as copies of the recorded act of sale, act of exchange, act of donation, cash sale or deed. Appropriate documentation is also required for successions.



Date _____
Tracking Number _____

COMMERCIAL STR (CSTR) REQUIRED PLANS (CCNO 26-617(C)(5))

INSTRUCTIONS

For detailed information, required reading, sample documents, and fillable forms relating to Short Term Rentals, please visit nola.gov/str. This application and all required attachments may be handwritten and submitted in person at the OneStop Shop on the 7th floor of City Hall. Applications can also be filled out and filed electronically with all required attachments at onestopapp.nola.gov. Instructions, FAQ, and troubleshooting tips for the onestopapp.nola.gov webpage are available at <https://nola.gov/onestop/help-with-the-one-stop-app/>. For technical issues with the onestopapp.nola.gov webpage, please contact onestopapp@nola.gov. Contact the Short Term Rental Administration by email at str@nola.gov or by phone at **504-658-7144**.

The plans listed below are required submittals for all Commercial Short Term Rental (CSTR) permits under CCNO 26-617(C)(5). Applicants may use their own forms in lieu of this document.

REQUIRED PLANS

NOISE ABATEMENT PLAN

Please describe in detail your plans to contain noise to the STR Unit and to prevent disturbances to neighbors.

We have a security system with sound monitoring that notifies owner/operator if sound gets excessive.

SECURITY AND OPERATION PLAN

Please describe in detail your plans to ensure the security of STR guests, their invitees, and neighbors of the STR Unit.

We have on-site staff and security and a system that is monitored 24/7 with cameras.

SANITATION PLAN

Please describe in detail your plans to ensure that the property is kept in a sanitary fashion and that all garbage and recyclables are collected in accordance with New Orleans City Code.

We have contracted with a commercial sanitation company.

ACKNOWLEDGEMENTS:

I certify that all information contained in this document, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation. I understand that failure to adhere to these plans may constitute a violation of my permit under CCNO Sec. 26-618(B)(13). I also understand that it is my obligation to update these plans with the Department of Safety and Permits anytime any changes to the plans occur, and that failure to update the plans is not a defense against violation charges related thereto.

Applicant Signature: _____

Date: _____

Narrative

This is a 233-unit full-service luxury apartment building located at 1201 Canal Street, New Orleans, a well-known commercial corridor in the City. The appeal seeks to allow it to use twenty-five percent (25%) of the property for commercial short-terms rentals, which was permitted prior to the interim zoning district. The property was a concierge desk that is staffed twenty-four (24) hours a day seven (7) days a week. Additional security staff from 8:00 pm to 6:00 am Monday through Friday, and on the weekend twenty-four (24) hours that continues till Monday morning. Finally, there is a valet parking garage that is on premises, the first floor is a garage and lobby area, that is staffed twenty-four (24) hours a day seven (7) days a week.

In support of this appeal there are ninety-one (91) unit owners of the property.

1. Is the requested appeal compatible with the surrounding land uses and structures?

Yes, the property is zoned commercial, CBD-3, located on the corner of Canal and Basin Streets fronted by Crozat and Iberville streets. The property is across the street from the Saenger Theater and several hotels and restaurants are within blocks of the site. The property is surrounded by a high density of commercial properties.

2. Does the requested appeal provide for an efficient use of the land?

Yes, the requested appeal provides for efficient use of land as it is an existing commercial property that was eligible for use as a commercial short-term rental prior to the interim zoning district.

3. Will granting the requested appeal increase traffic and safety hazards?

No, as this is already a high traffic corridor with several hotels, restaurants, and the theater all within blocks of its location. Additionally, most tourists use taxis and rideshares, rather than their own vehicles. Further, the valet garage is staffed on the Basin Street side diverting traffic from Canal Street, and must be used by all owners and guests.

4. Does the requested appeal provide for an efficient parking layout?

Yes, all guests must use the valet parking garage.

5. Will the requested appeal increase community environmental impacts?

No, the property has on site security, noise monitoring devices, and security cameras throughout the inside and outside of the building as well as strong operational and response plans to ensure that there are no increases in community environmental impacts. There is a no-party policy which will be highlighted in the advertisements and strictly enforced by management.

There are ninety-one (91) owners that live on premises and management will ensure their enjoyment is not disrupted. Finally, there are no residential neighbors on either side of the building.

The granting of this appeal will not create any exterior noise and thereby will not create any community environmental impacts.

6. Does the appellant show past use that is consistent with all applicable zoning and regulatory provisions, as found in the comprehensive Zoning Ordinance and City Code?

Yes, this a commercial building and a Commercial Short-Term Rental is consistent as a business use.

7. Will the requested appeal prevent the development of long-term housing, including affordable and work-force housing, in densely populated areas of the City?

No, continuing the previous commercial use of this property results in no decrease of long-term housing. Additionally, this property was developed as a luxury apartment building, and, as such, it was never going to be utilized for affordable housing.

8. Will the requested appeal interfere with the quality of life of surrounding neighbors?

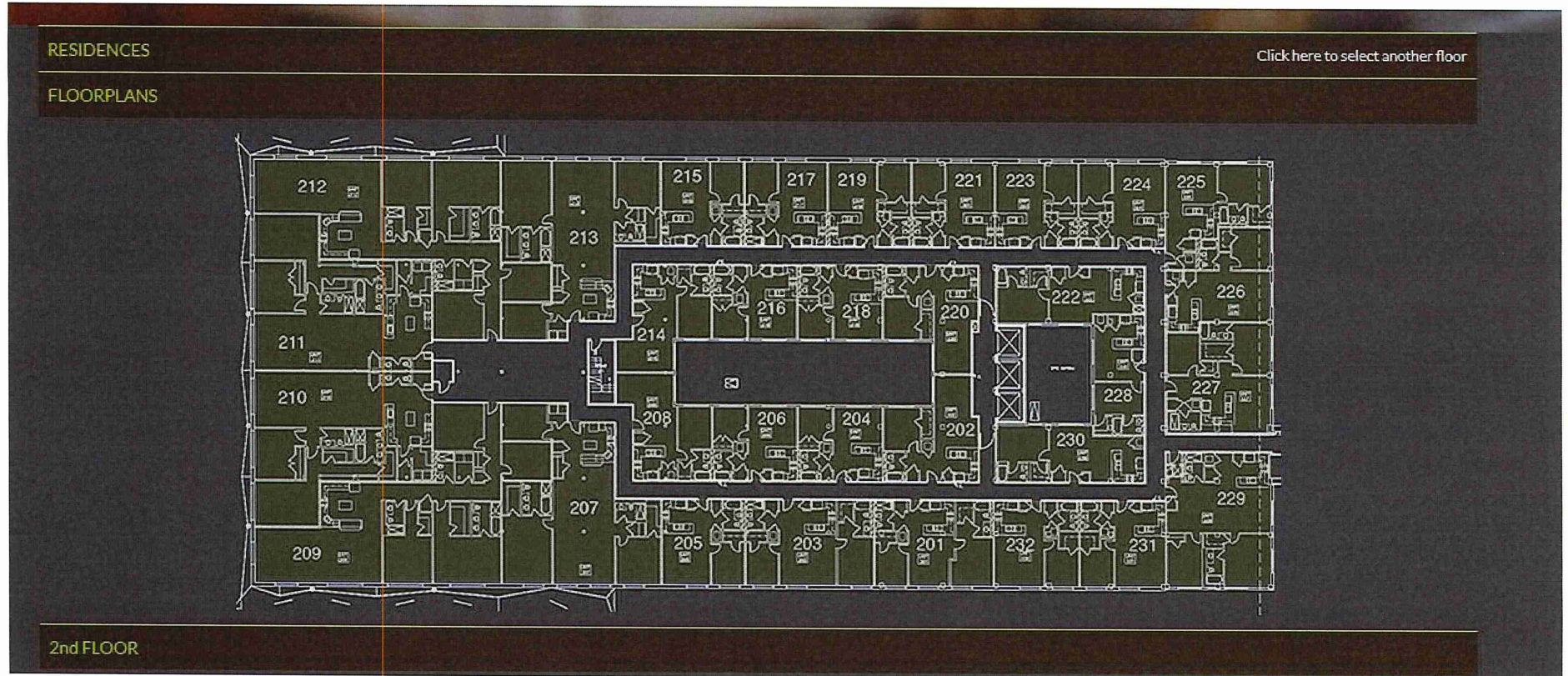
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9. Will the requested appeal allow a commercial short term rental that abuts residential zoning?

No, the property is located in CBD-3 zoning is surrounded by commercial uses.

Floor Plans for the Building – 1201 Canal Street

Second Floor

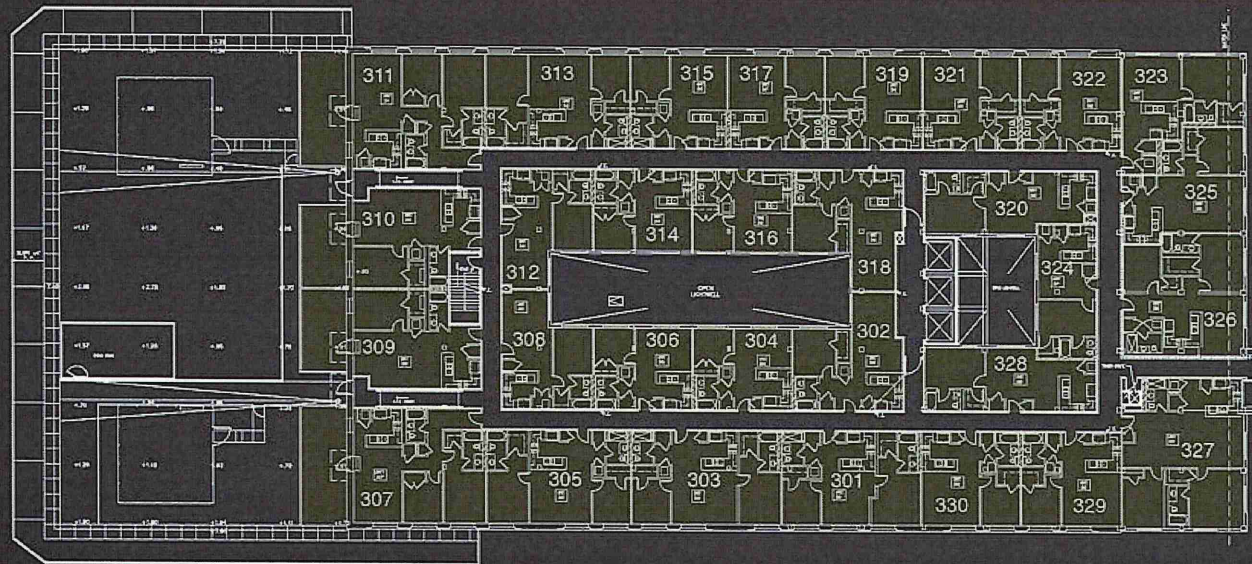


Third Floor

RESIDENCES

[Click here to select another floor](#)

FLOORPLANS



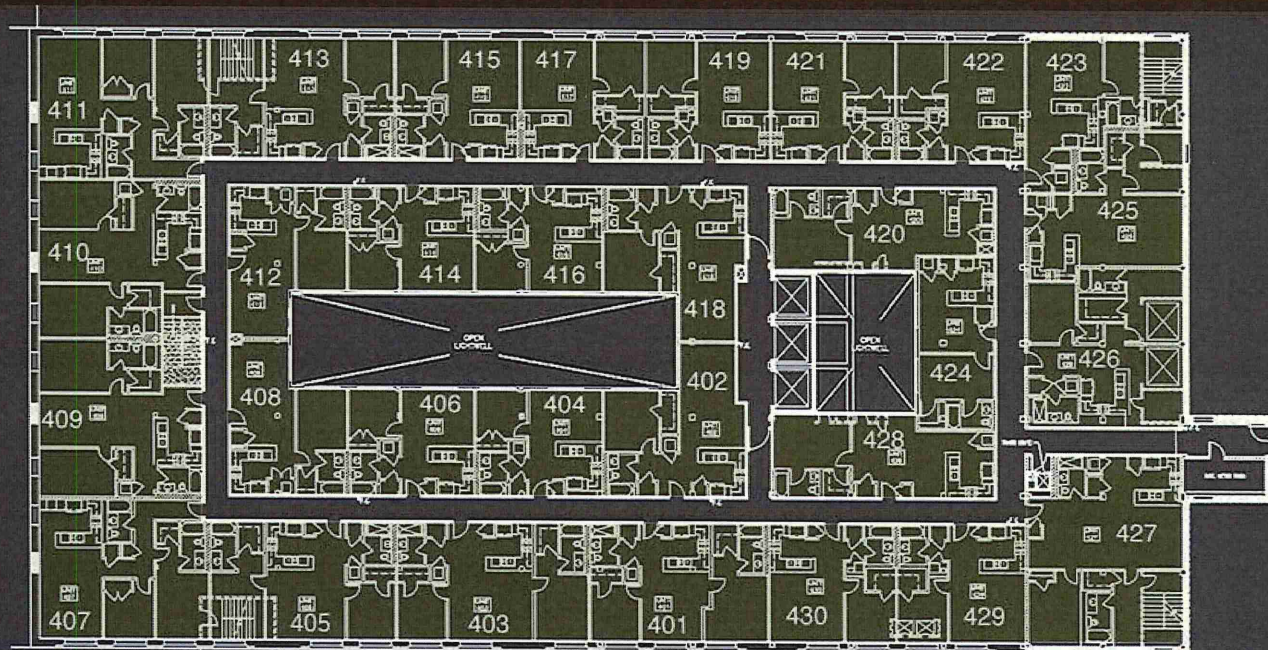
3rd FLOOR

Fourth Floor

RESIDENCES

[Click here to select another floor](#)

FLOORPLANS



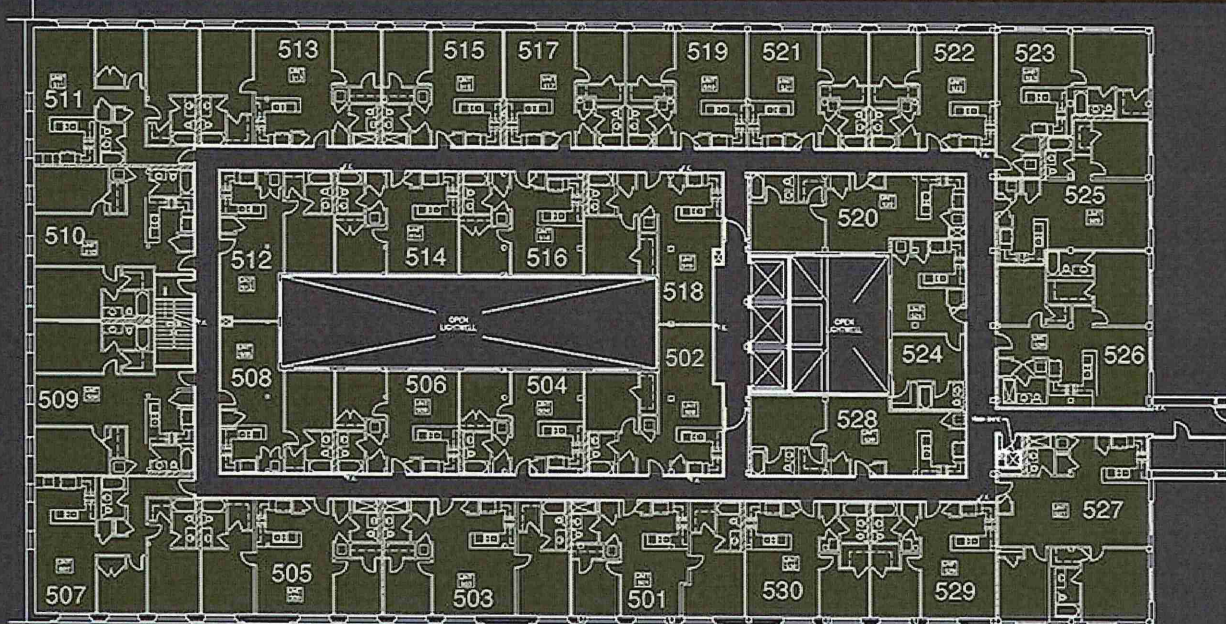
4th FLOOR

Fifth Floor

RESIDENCES

[Click here to select another floor](#)

FLOORPLANS



5th FLOOR

1201 Canal Street

Front of building.



Basin Street side.



Front door.

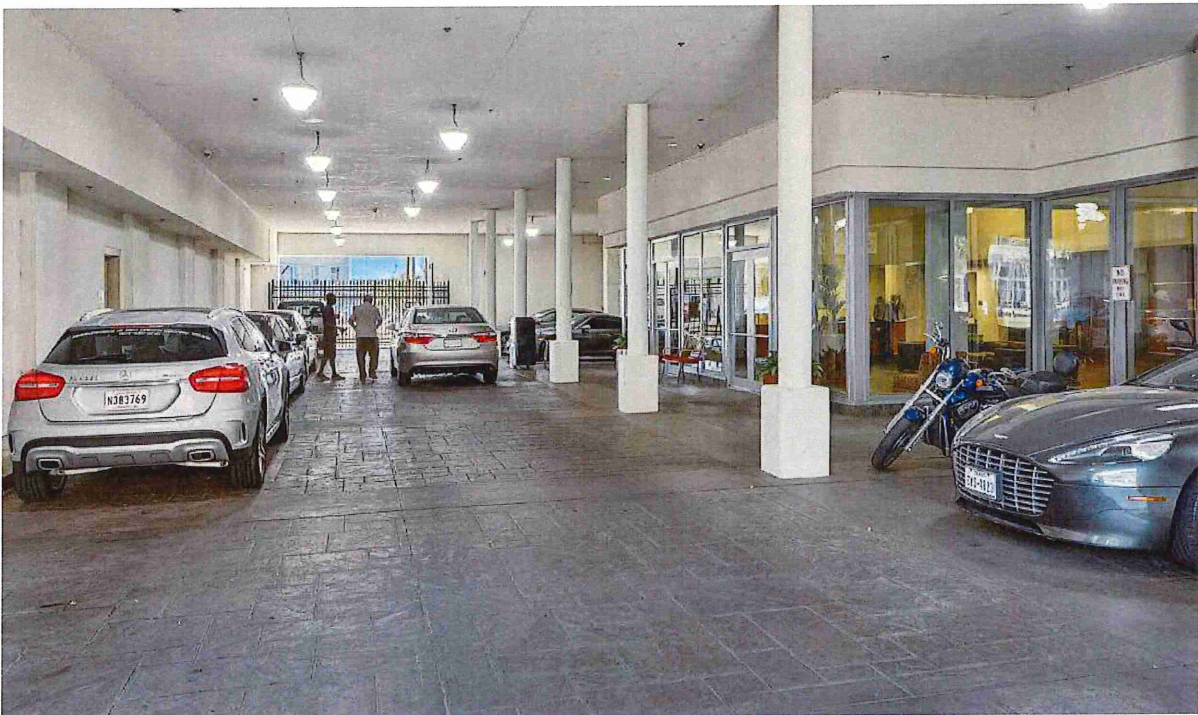


Lobby.

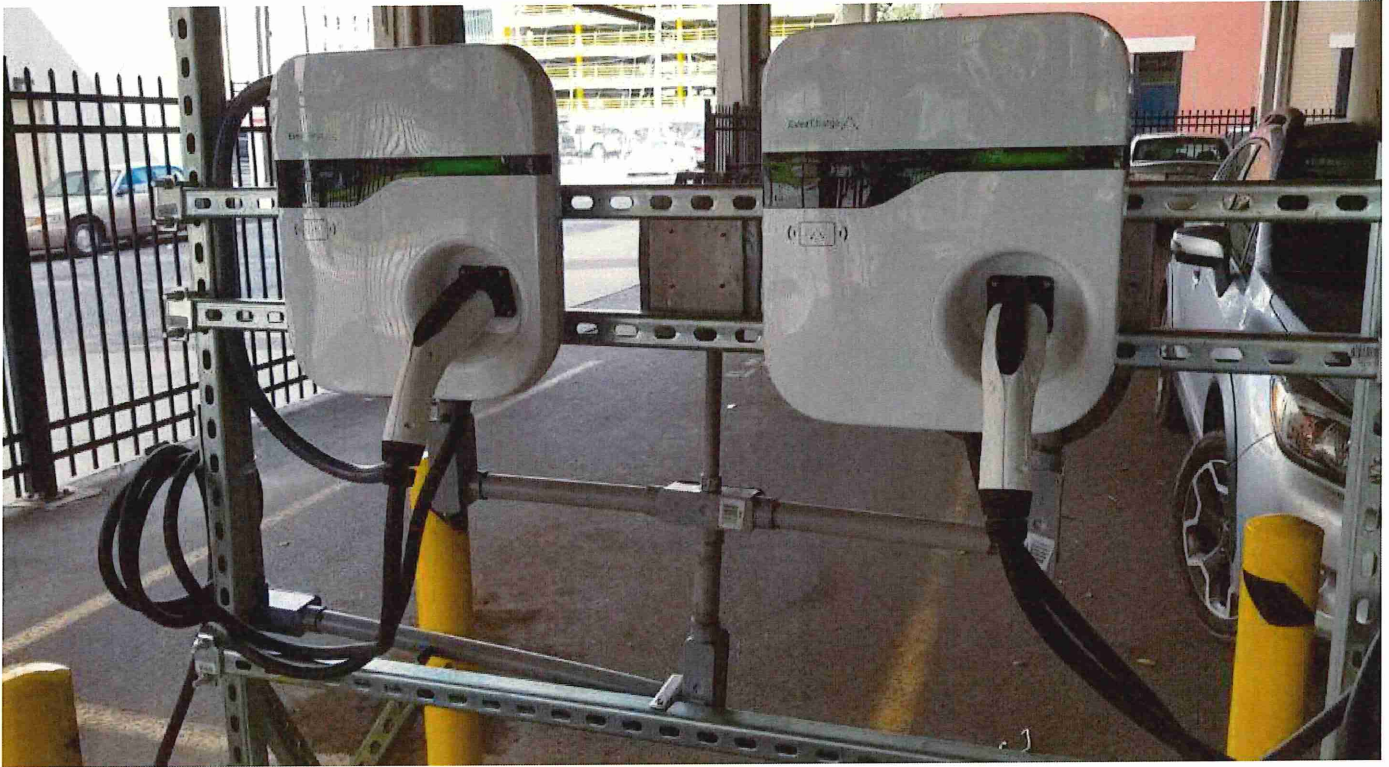




Parking Garage



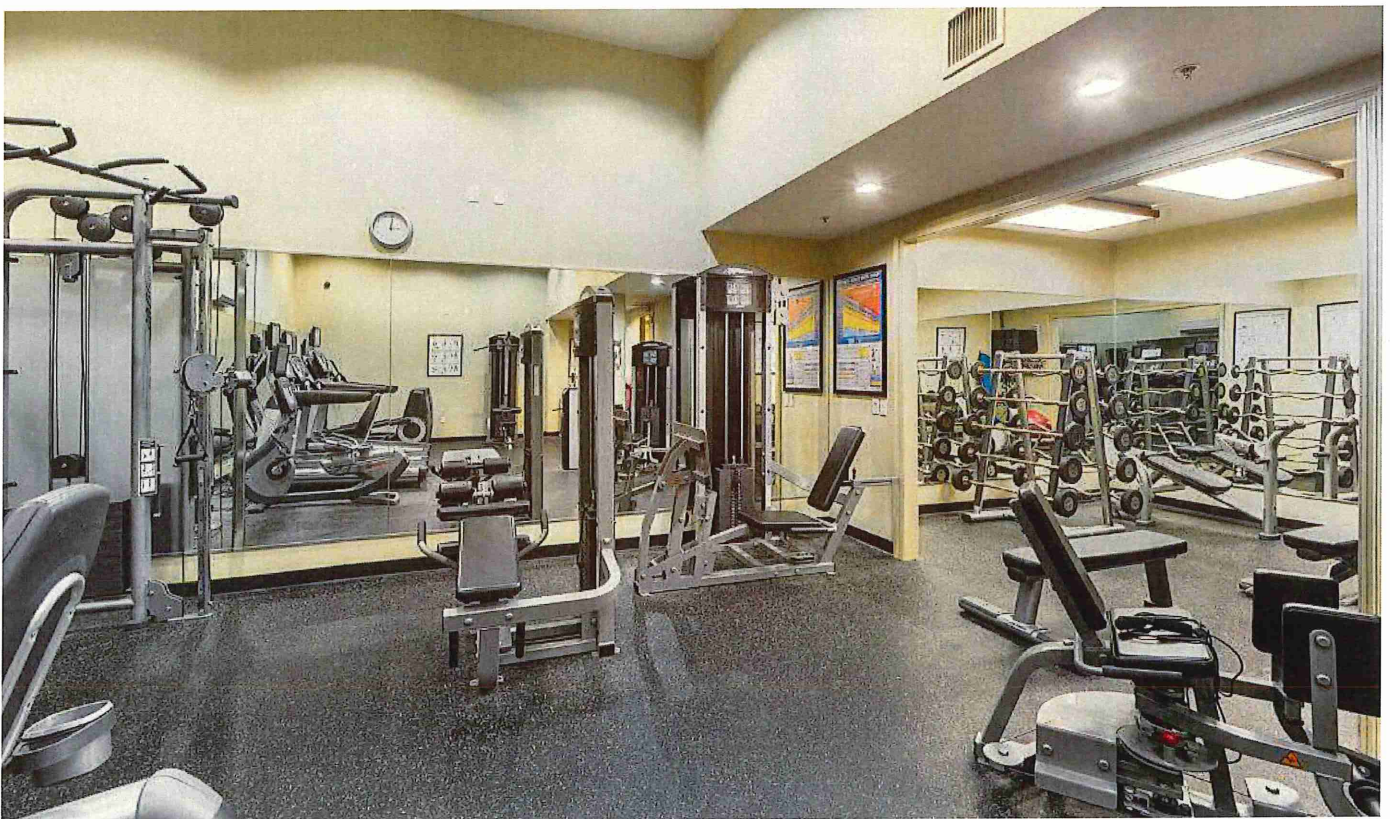
Charing Stations



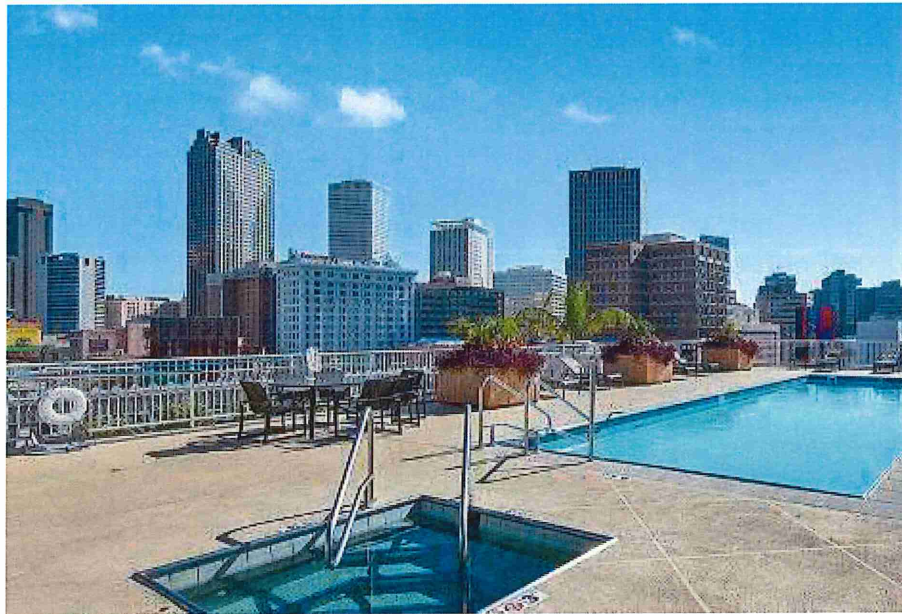
Lounge



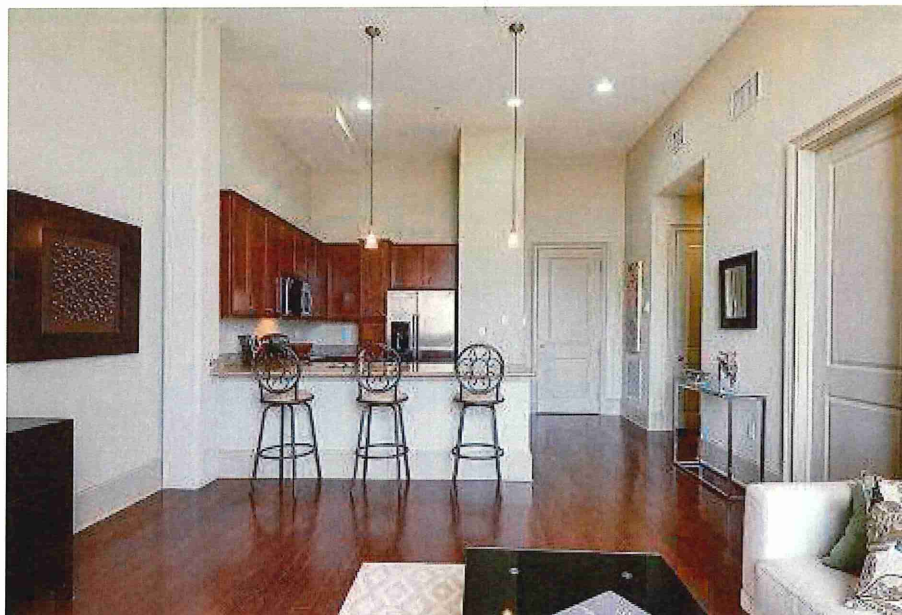
Gym



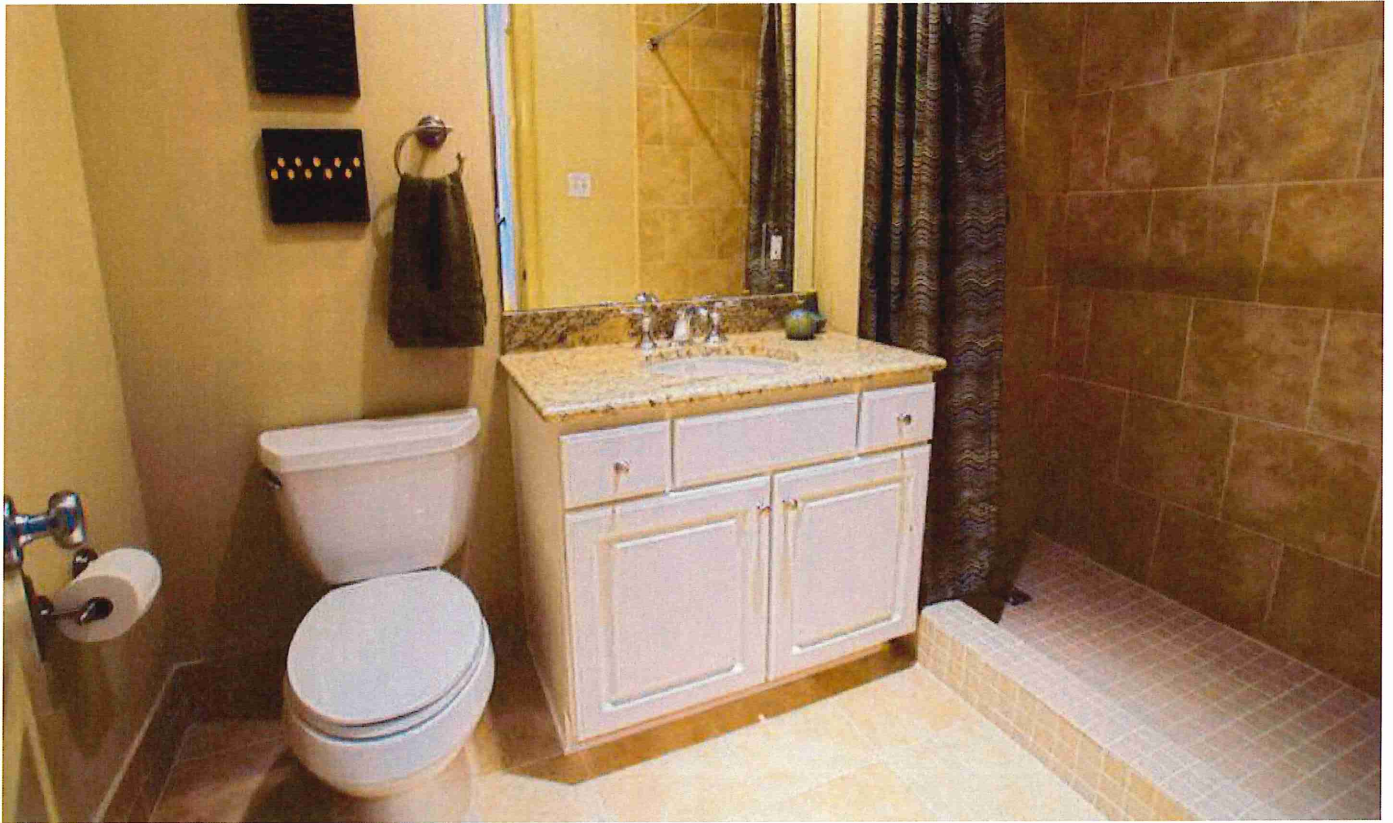
Roof top pool



Unit example









Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, _____, hereby certify that:

Initial Below:

_____ The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

_____ The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

_____ The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

_____ The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

_____ The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

_____ The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

_____ The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: _____ Date: _____

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: _____ Date: _____

Letters of Support

To: Councilmember Freddie King
RE: Support for the Direct Appeal to the IZD affecting the Short Term Rental Classification of 1201 Canal

Councilmember King,

I am writing to offer my support for an appeal to the Interim Zoning District affecting the Short Term Rental Classification of 1201 Canal. 1201 Canal Condominiums is situated on the Corner of Canal St. and Basin St. and features 233 condominiums. Prior to the implementation of the Interim Zoning District, 1201 Canal, which is zoned CBD-3, was eligible for Commercial Short Term Rental licenses up to 25% of the units on the lot.

As a unit owner/resident in the building, I am in support of Commercial Short Term Rental licenses being issued as per the previous STR zoning. Our building is a fantastic building which is perfectly situated for a Short Term Rental use with no neighboring buildings on our block and adjacent uses including the Saenger Theater, Joy Theater, Hampton Inn & Suites, Avis Car Rental, and other commercial type uses.

In our building specifically:

- We have a Concierge Desk that is staffed 24 hours per day and is located in our main lobby for the building
- We have Security from 8:00 PM to 6:00 AM every weekday and 24 hour Security Friday evening until Monday morning
- We have Valet Parking that is staffed 24 hours per day

Because of our positioning along Canal St. and the services our building already has in place, I believe Short Term Rentals are appropriate for our building as zoned prior to the IZD and I am in support for the use of units for Short Term Rentals and request your support for our direct appeal.

Thank you for your consideration of my position,



Owner/Resident Signature

204

Unit #

To: Councilmember Freddie King

RE: Support for the Direct Appeal to the IZD affecting the Short Term Rental Classification of 1201 Canal

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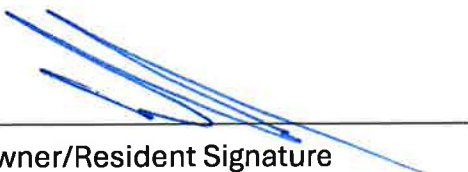
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Owner/Resident Signature

570
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553
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Owner/Resident Signature

518

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Owner/Resident Signature

301

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Thank you for your consideration of my position,



Owner/Resident Signature

217

Unit #

To: Councilmember Freddie King
RE: Support for the Direct Appeal to the IZD affecting the Short Term Rental Classification of 1201 Canal

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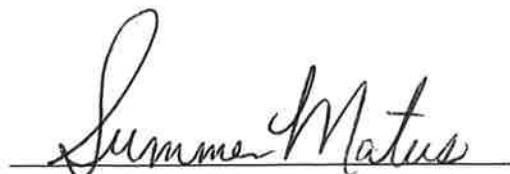
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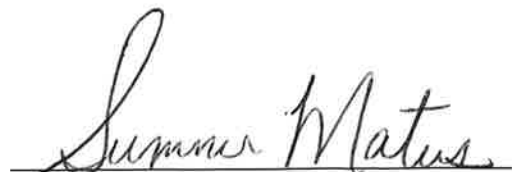
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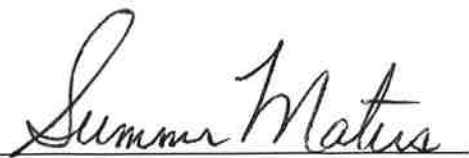
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Owner/Resident Signature

207

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2/0

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Owner/Resident Signature

411

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As a unit owner/resident in the building, I am in support of Commercial Short Term Rental licenses being issued as per the previous STR zoning. Our building is a fantastic building which is perfectly situated for a Short Term Rental use with no neighboring buildings on our block and adjacent uses including the Saenger Theater, Joy Theater, Hampton Inn & Suites, Avis Car Rental, and other commercial type uses.

In our building specifically:

- We have a Concierge Desk that is staffed 24 hours per day and is located in our main lobby for the building
- We have Security from 8:00 PM to 6:00 AM every weekday and 24 hour Security Friday evening until Monday morning
- We have Valet Parking that is staffed 24 hours per day

Because of our positioning along Canal St. and the services our building already has in place, I believe Short Term Rentals are appropriate for our building as zoned prior to the IZD and I am in support for the use of units for Short Term Rentals and request your support for our direct appeal.

Thank you for your consideration of my position,



Owner/Resident Signature

521

Unit #

To: Councilmember Freddie King
RE: Support for the Direct Appeal to the IZD affecting the Short Term Rental Classification of 1201 Canal

Councilmember King,

I am writing to offer my support for an appeal to the Interim Zoning District affecting the Short Term Rental Classification of 1201 Canal. 1201 Canal Condominiums is situated on the Corner of Canal St. and Basin St. and features 233 condominiums. Prior to the implementation of the Interim Zoning District, 1201 Canal, which is zoned CBD-3, was eligible for Commercial Short Term Rental licenses up to 25% of the units on the lot.

As a unit owner/resident in the building, I am in support of Commercial Short Term Rental licenses being issued as per the previous STR zoning. Our building is a fantastic building which is perfectly situated for a Short Term Rental use with no neighboring buildings on our block and adjacent uses including the Saenger Theater, Joy Theater, Hampton Inn & Suites, Avis Car Rental, and other commercial type uses.

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Thank you for your consideration of my position,



Owner/Resident Signature

524

Unit #

To: Councilmember Freddie King
RE: Support for the Direct Appeal to the IZD affecting the Short Term Rental Classification of 1201 Canal

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Thank you for your consideration of my position,



Owner/Resident Signature

525

Unit #

To: Councilmember Freddie King
RE: Support for the Direct Appeal to the IZD affecting the Short Term Rental Classification of 1201 Canal

Councilmember King,

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Thank you for your consideration of my position,



Owner/Resident Signature



Unit #

C-STR Unit Applications



Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: [Signature] Date: 3/31/2025



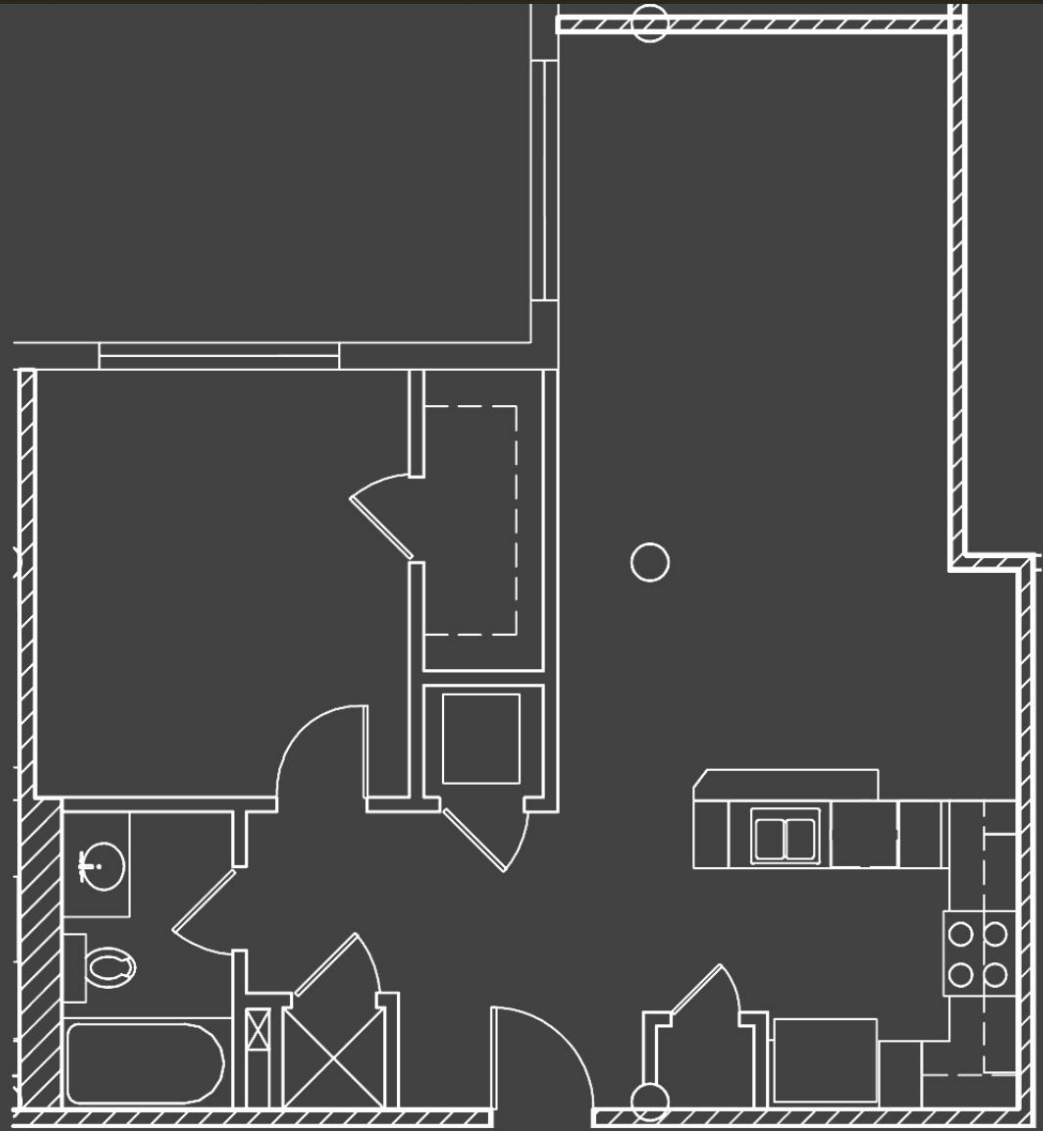
Unit 202

Type of Unit: Condominium

Square feet: 725

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: [Signature] Date: 3/31/2025



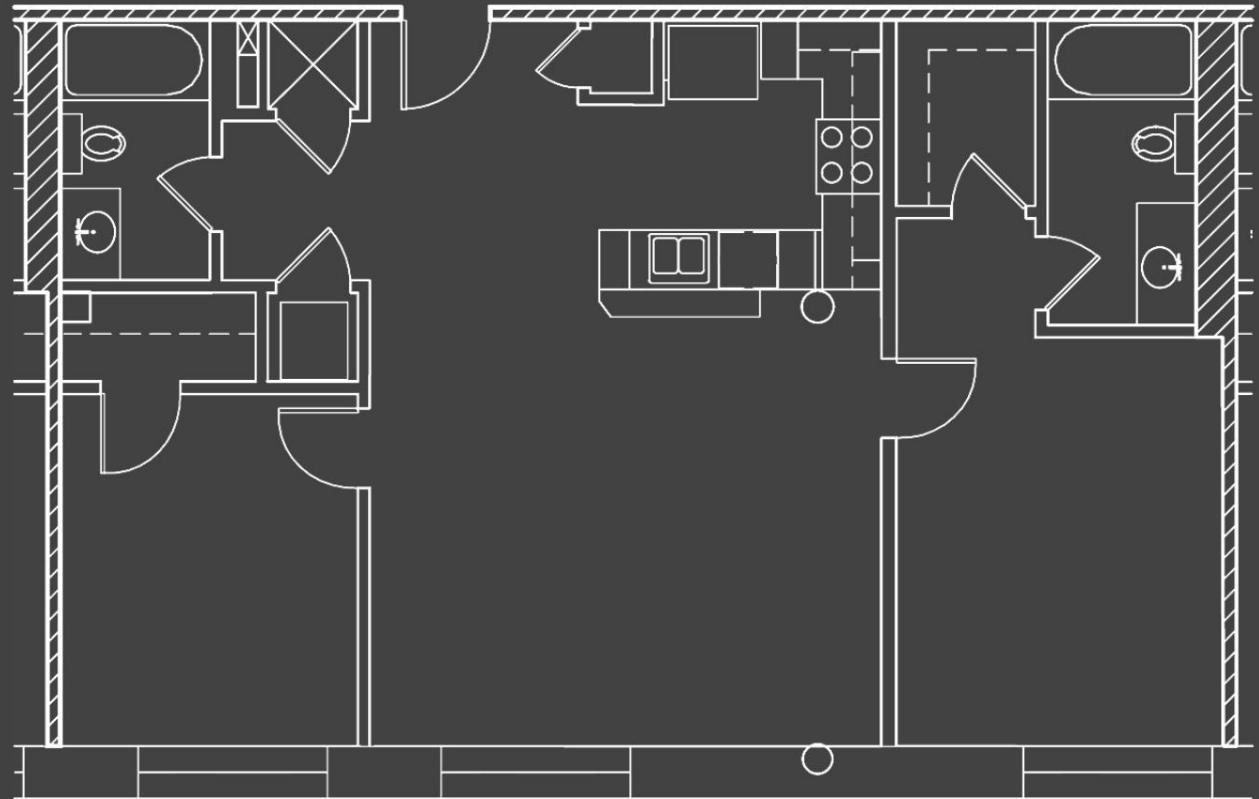
Unit 203

Type of Unit: Condominium

Square feet: 975

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

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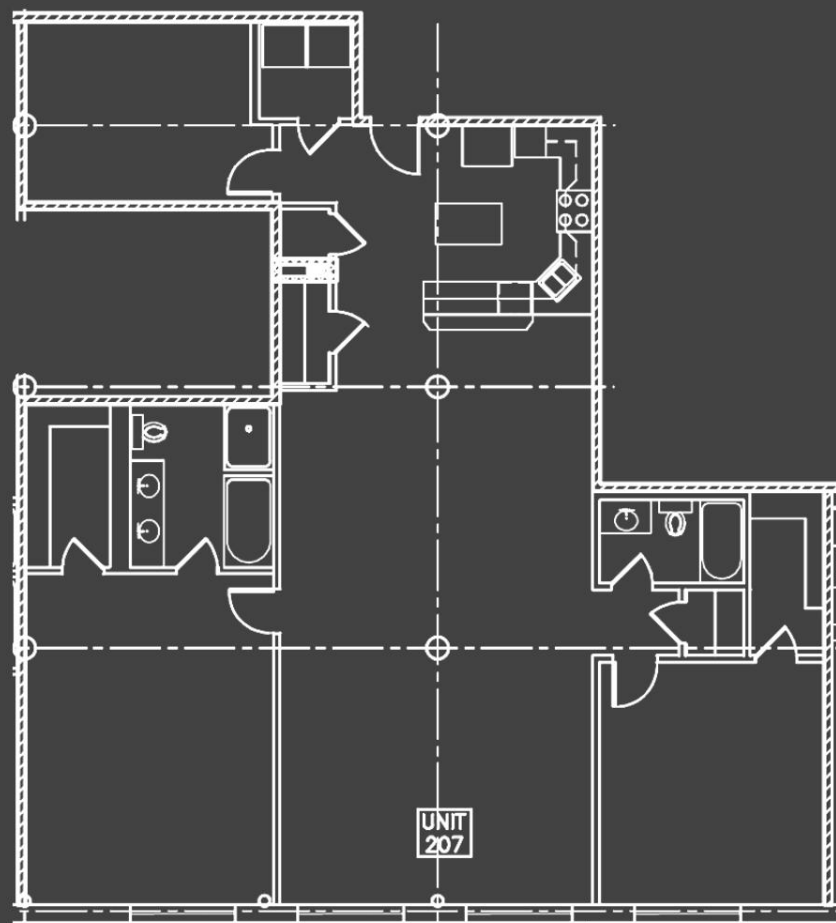
Unit 207

Type of Unit: Condominium

Square feet: 1924

Bedrooms: 3

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

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 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

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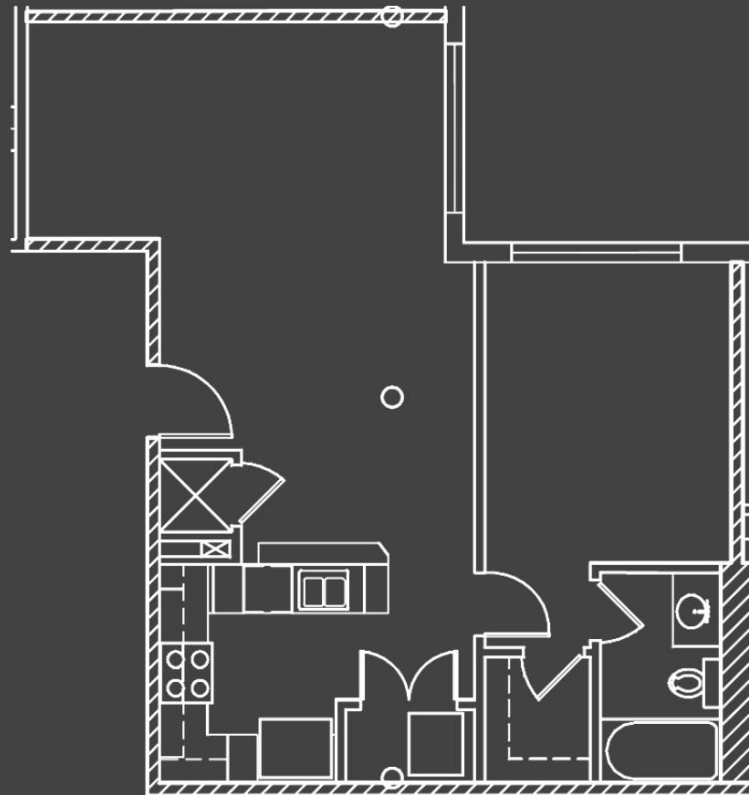
Unit 208

Type of Unit: Condominium

Square feet: 686

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

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Required Attachments:

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 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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Initial Below:

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RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

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RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: [Signature] Date: 3/31/2025



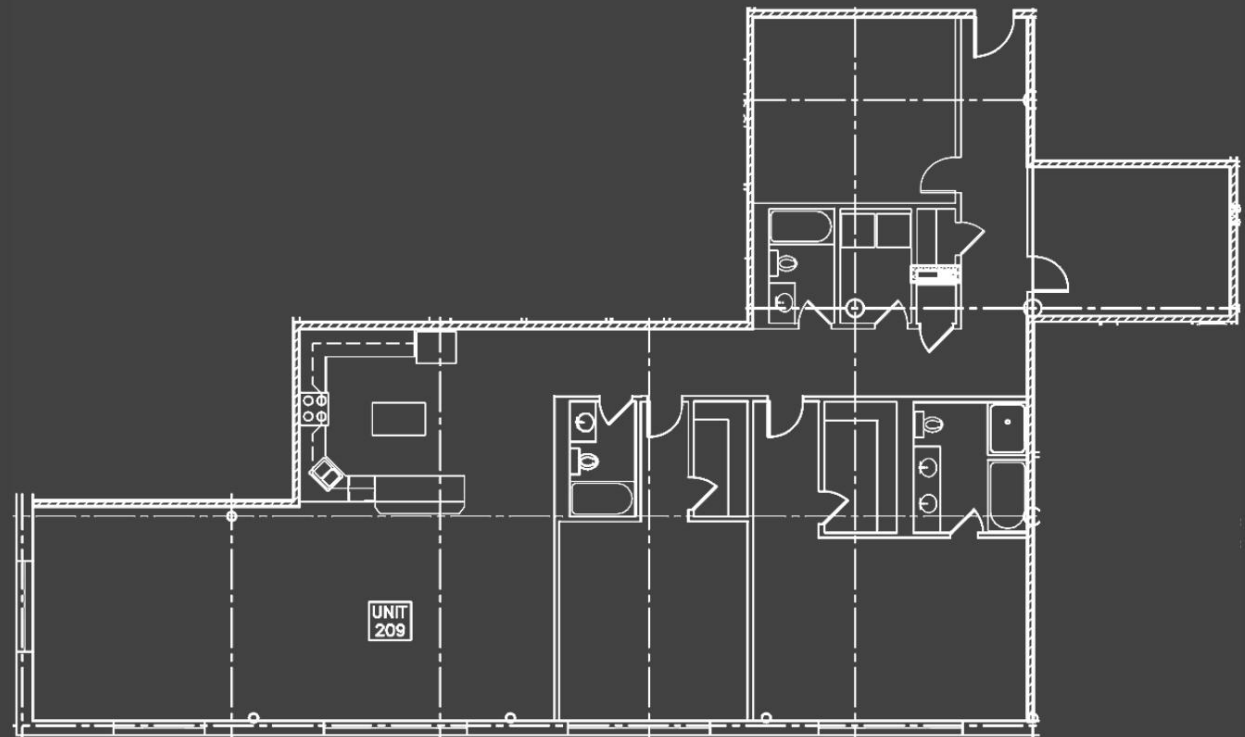
Unit 209

Type of Unit: Condominium

Square feet: 2649

Bedrooms: 4

Bathrooms: 3.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr., hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: [Signature] Date: 3/31/2025



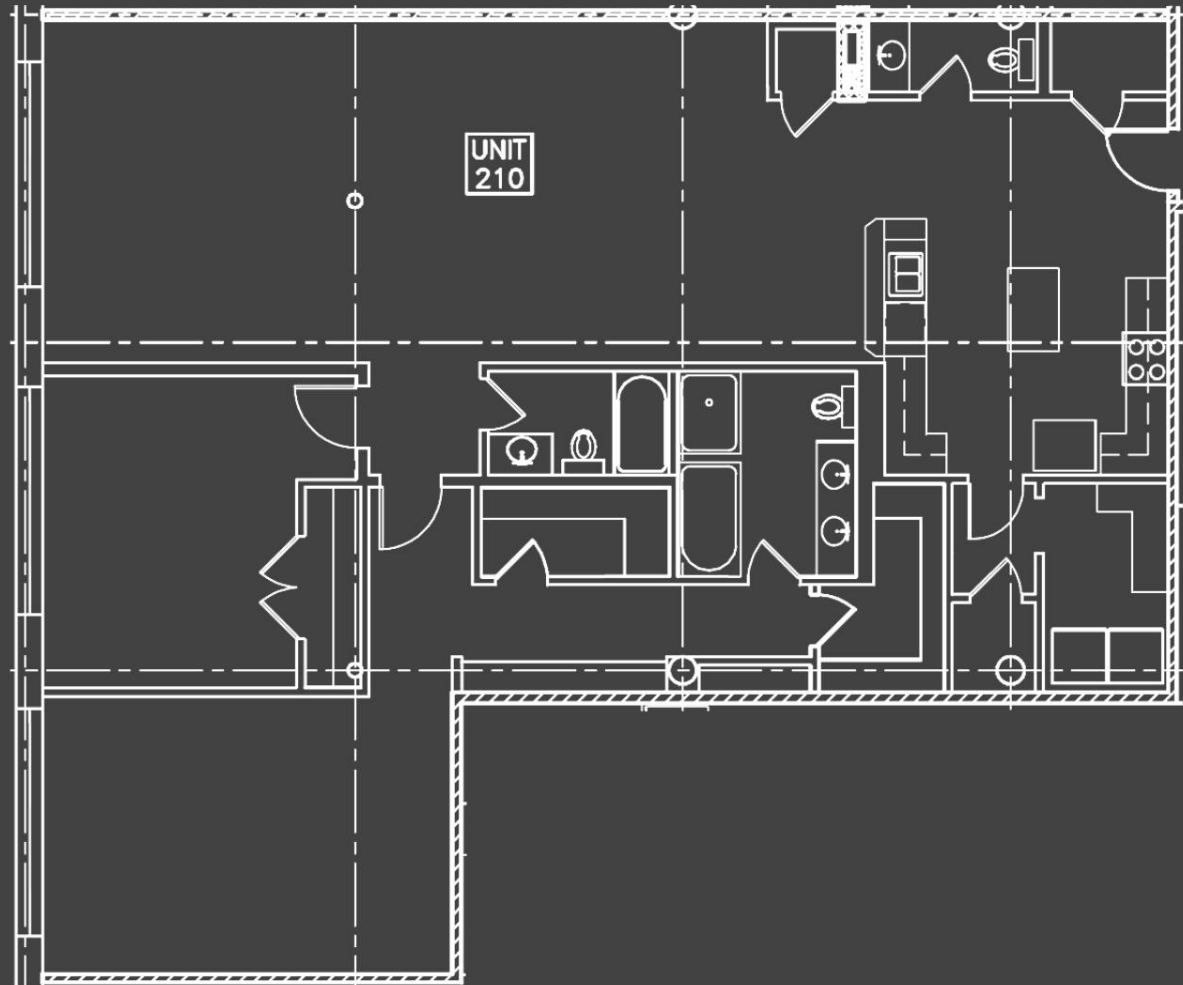
Unit 210

Type of Unit: Condominium

Square feet: 2035

Bedrooms: 2

Bathrooms: 2.5





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

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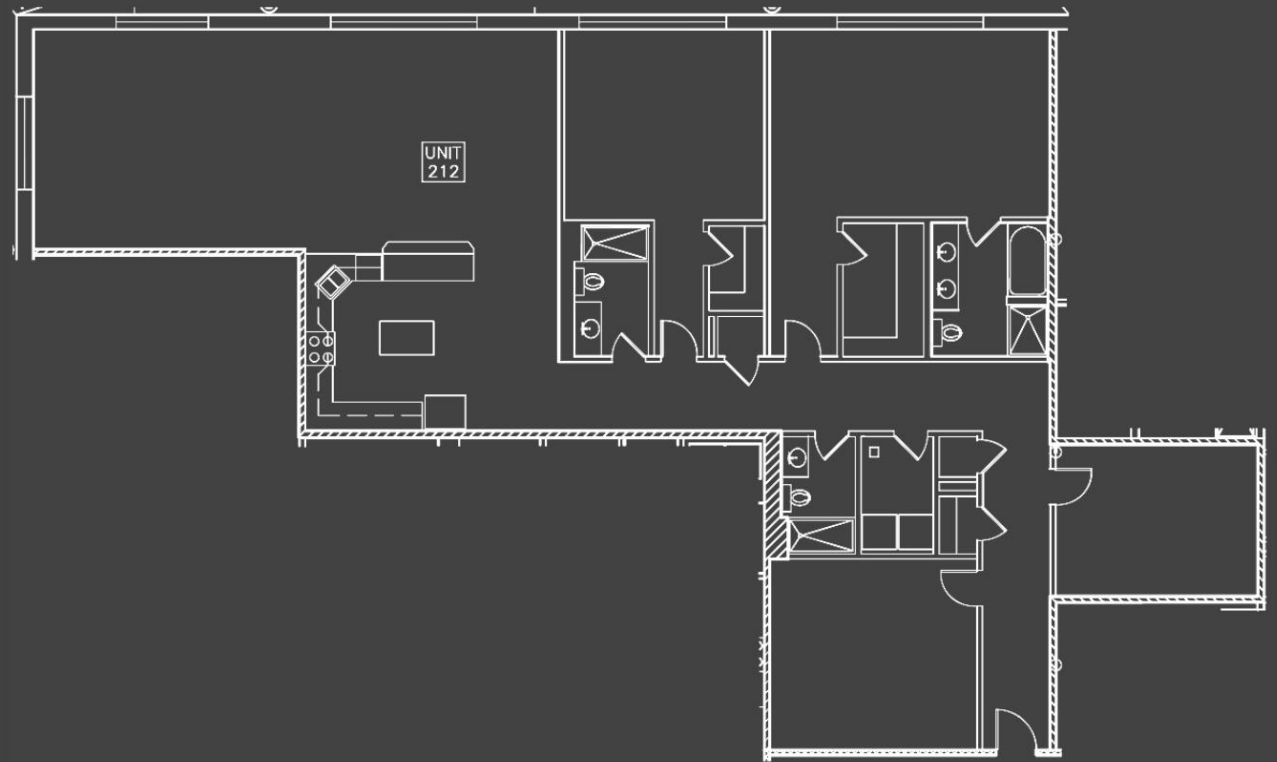
Unit 212

Type of Unit: Condominium

Square feet: 2645

Bedrooms: 4

Bathrooms: 3.0





Date	_____
Tracking Number	_____

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Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

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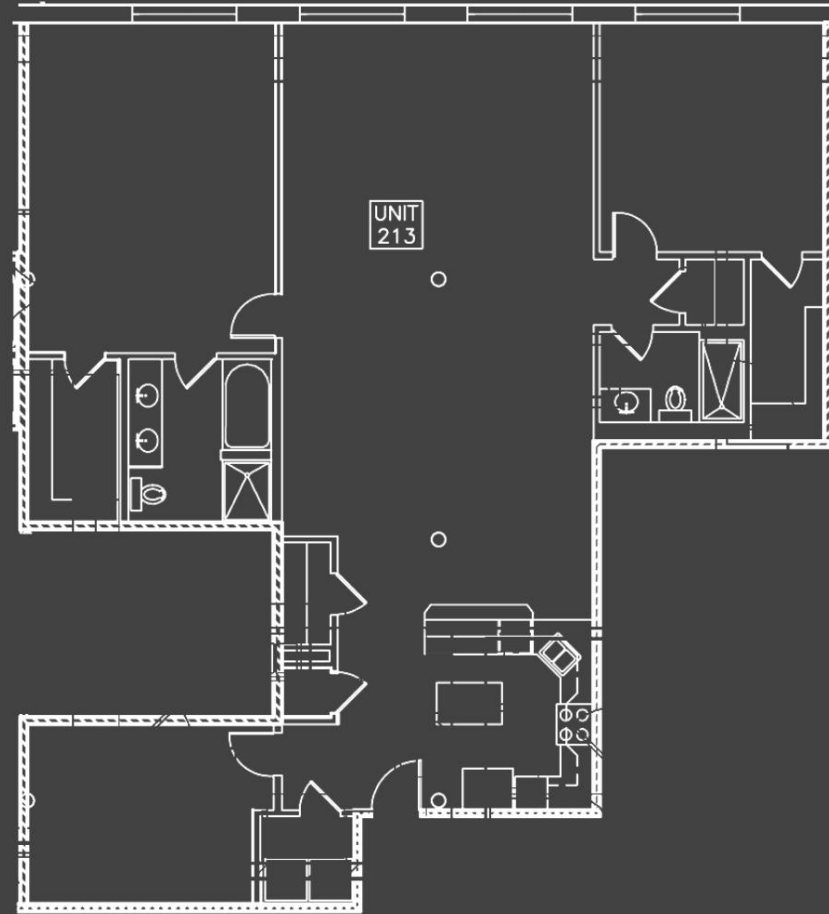
Unit 213

Type of Unit: Condominium

Square feet: 1921

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

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 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
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- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
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 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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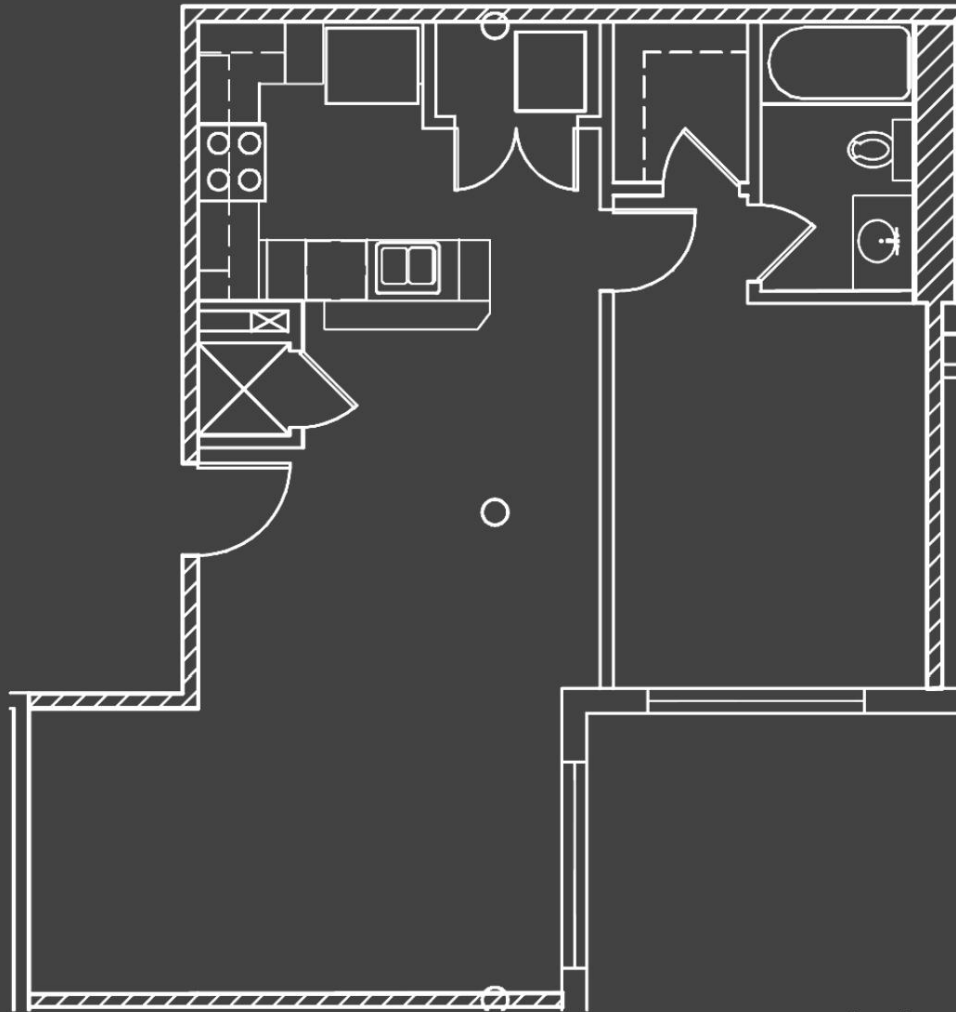
Unit 214

Type of Unit: Condominium

Square feet: 687

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

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Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

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Required Attachments:

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 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

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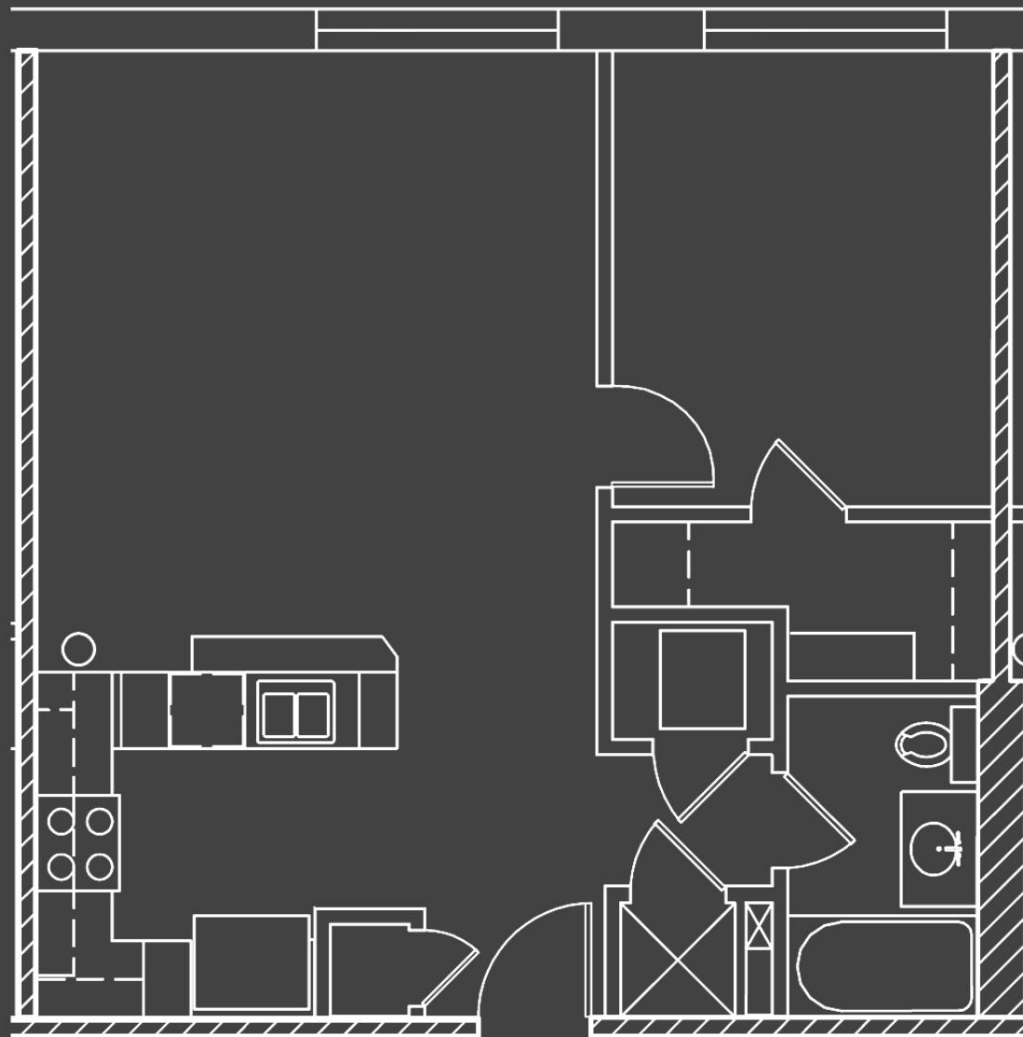
Unit 215

Type of Unit: Condominium

Square feet: 637

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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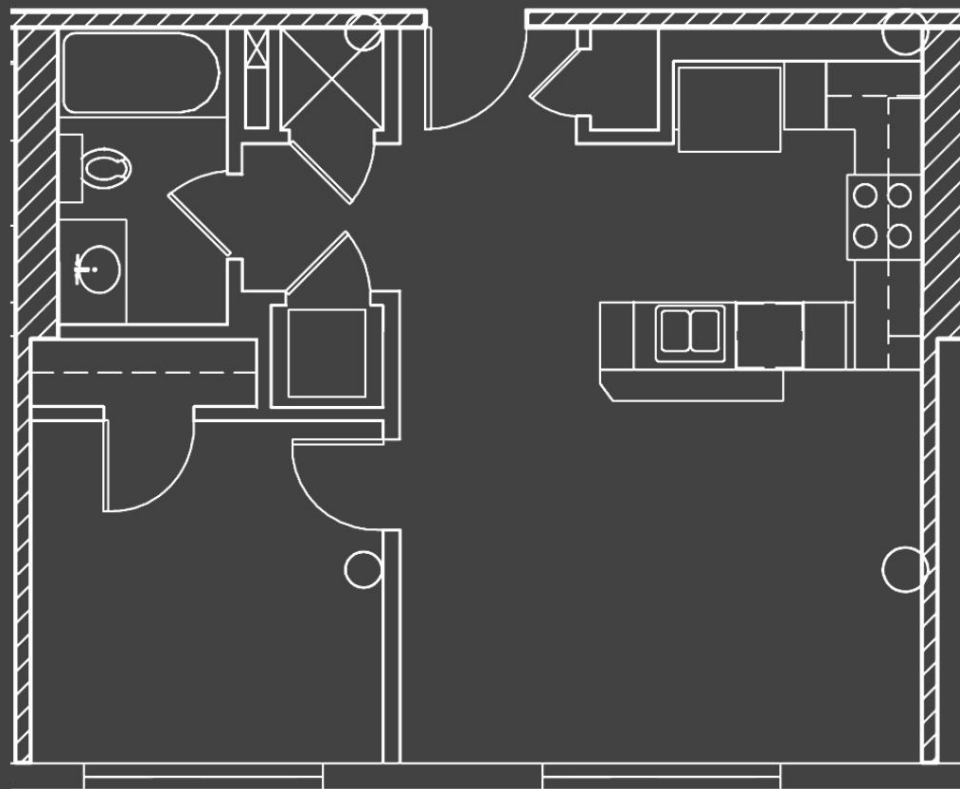
Unit 218

Type of Unit: Condominium

Square feet: 559

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr., hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: [Signature] Date: 3/31/2025



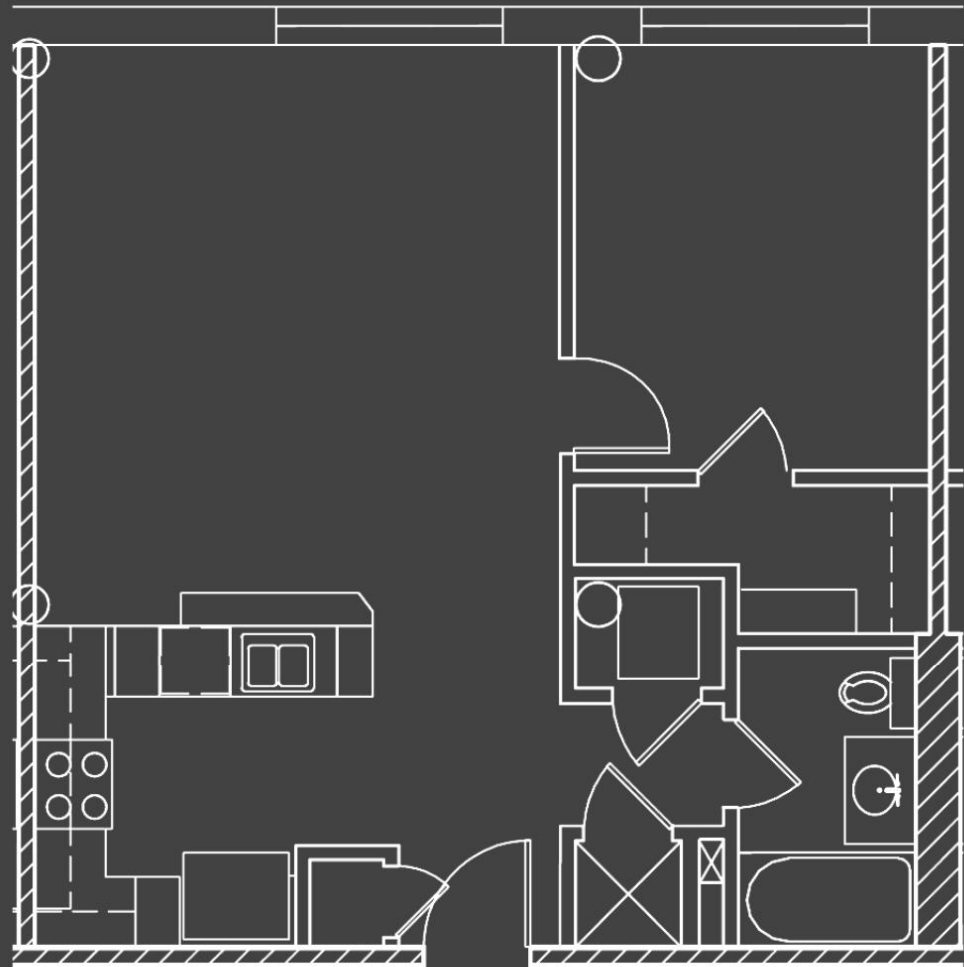
Unit 219

Type of Unit: Condominium

Square feet: 637

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

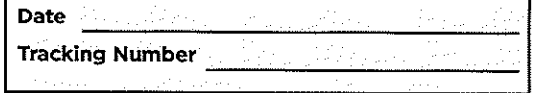
License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

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- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
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 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

 The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RA The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

DE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

 The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

25 The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

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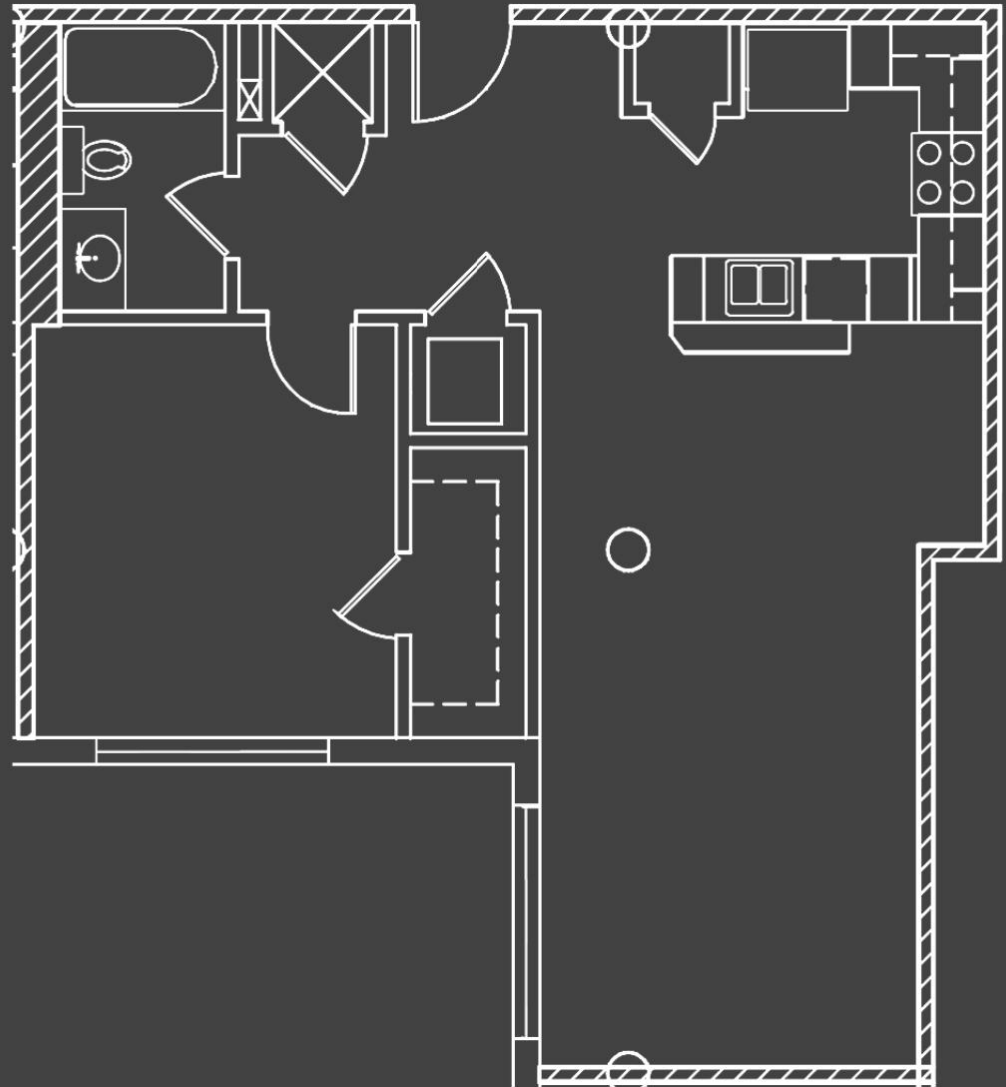
Unit 220

Type of Unit: Condominium

Square feet: 726

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

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Date	3/31/2025
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COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

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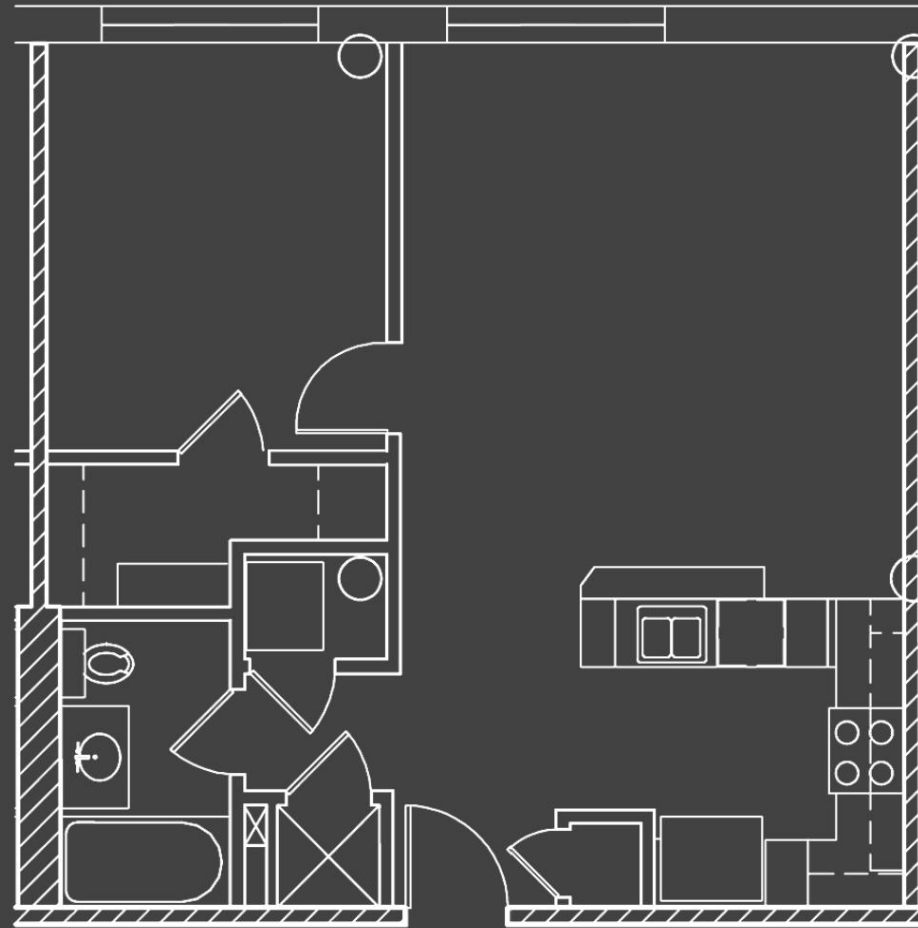
Unit 221

Type of Unit: Condominium

Square feet: 637

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

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Required Attachments:

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 - Windows
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 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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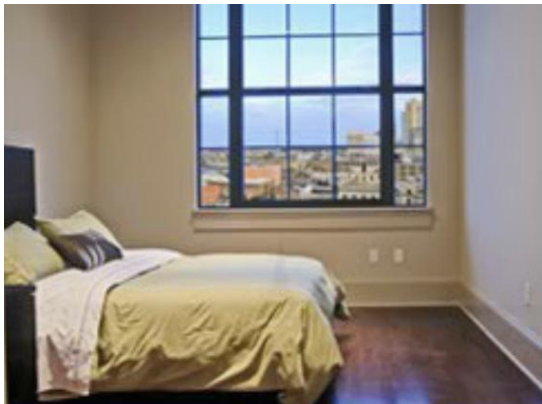
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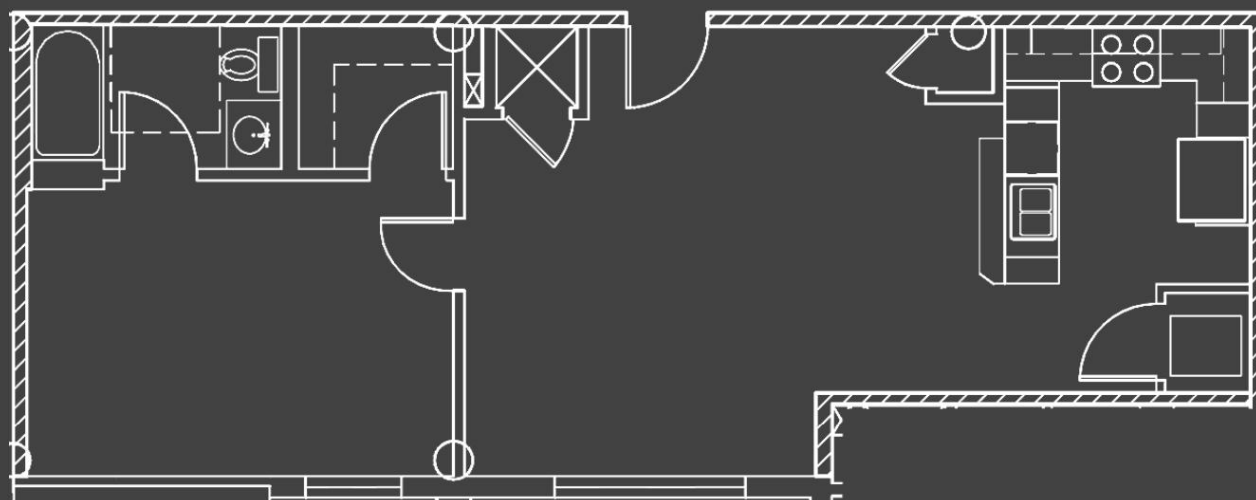
Unit 222

Type of Unit: Condominium

Square feet: 703

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
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 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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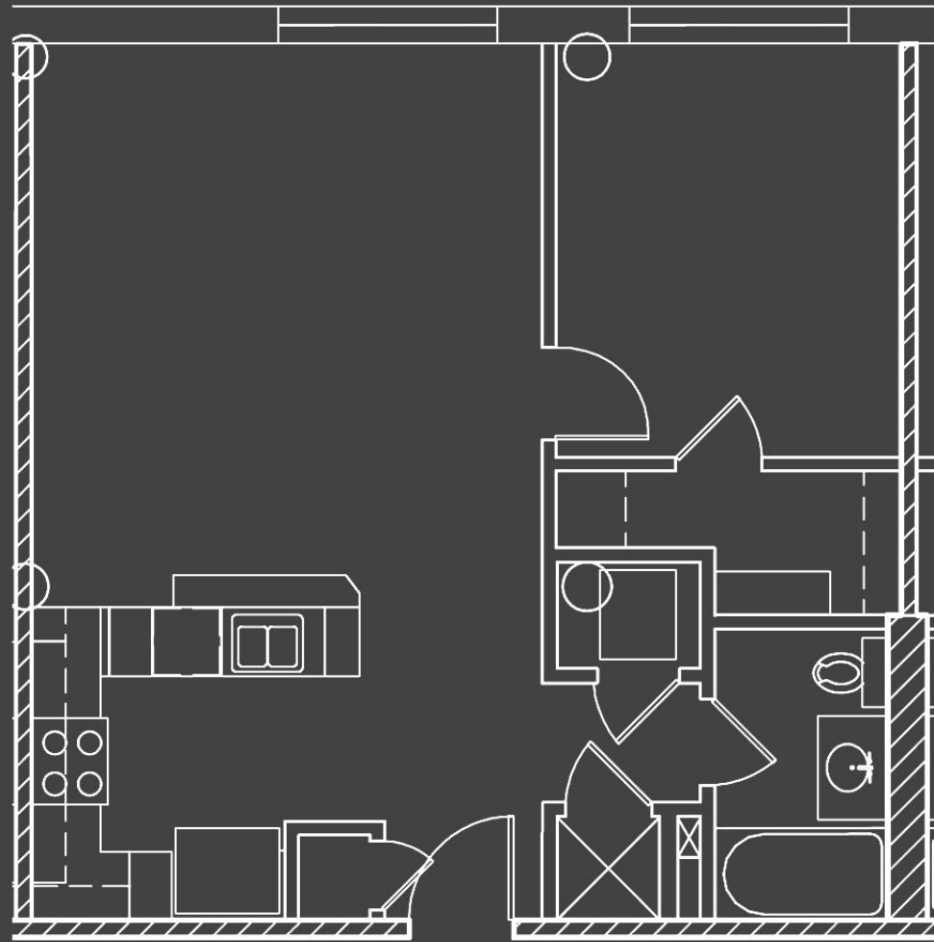
Unit 223

Type of Unit: Condominium

Square feet: 637

Bedrooms: 1

Bathrooms: 1.0





Date	_____
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Mailing Address: _____

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License # _____ Reference # _____

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Date	3/31/2025
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COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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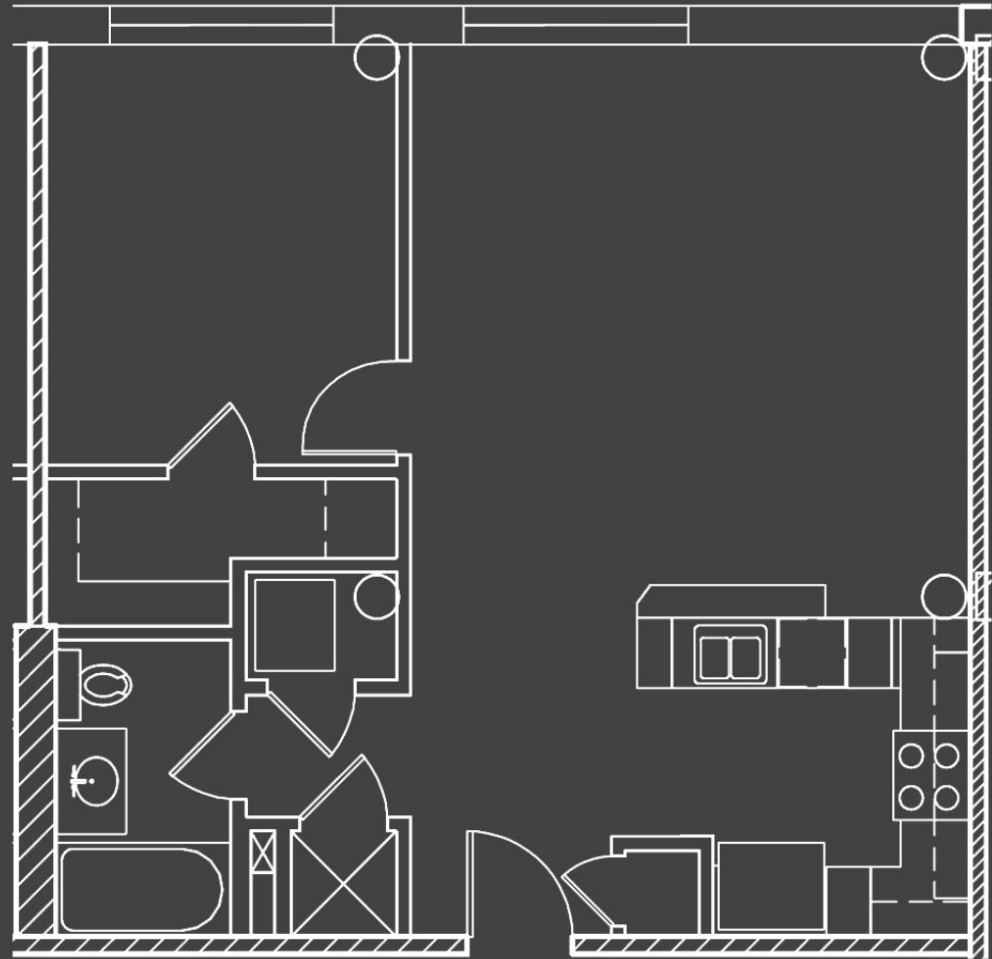
Unit 224

Type of Unit: Condominium

Square feet: 667

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr., hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: [Signature] Date: 3/31/2025



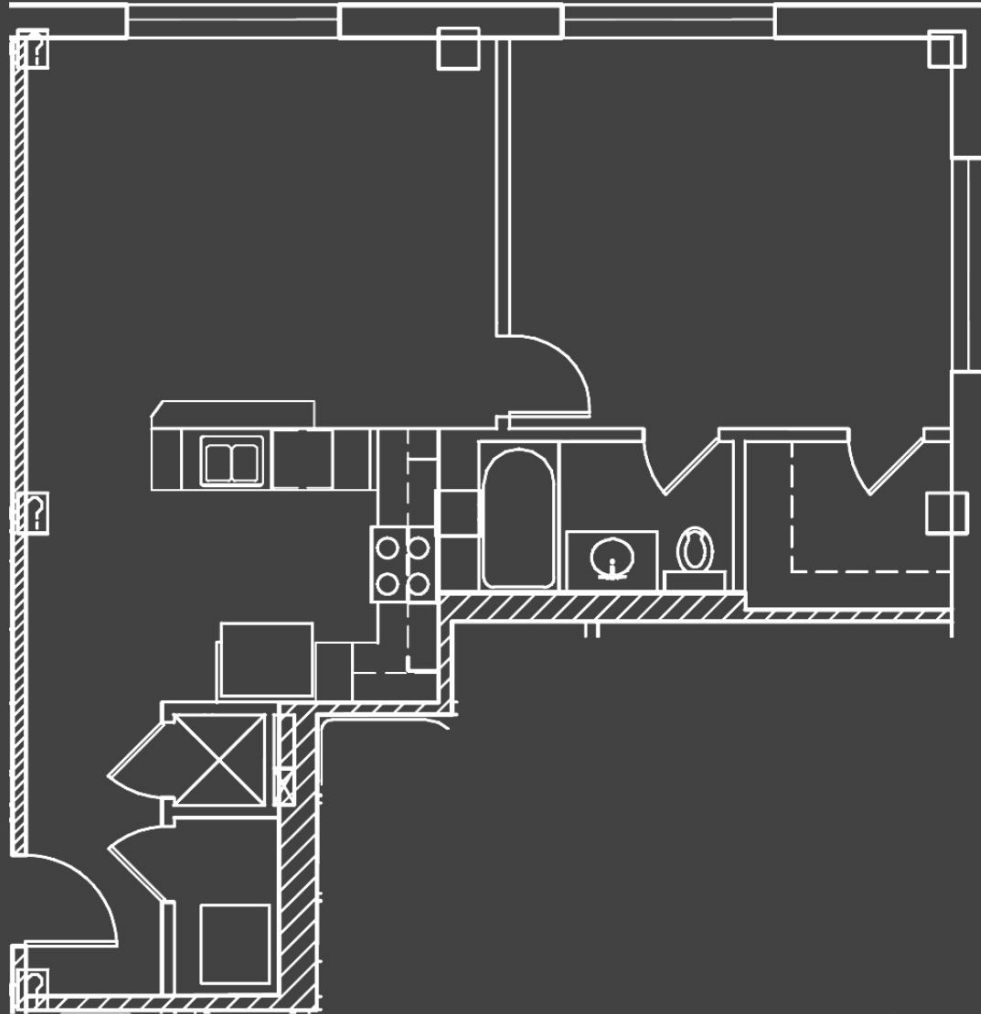
Unit 225

Type of Unit: Condominium

Square feet: 695

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

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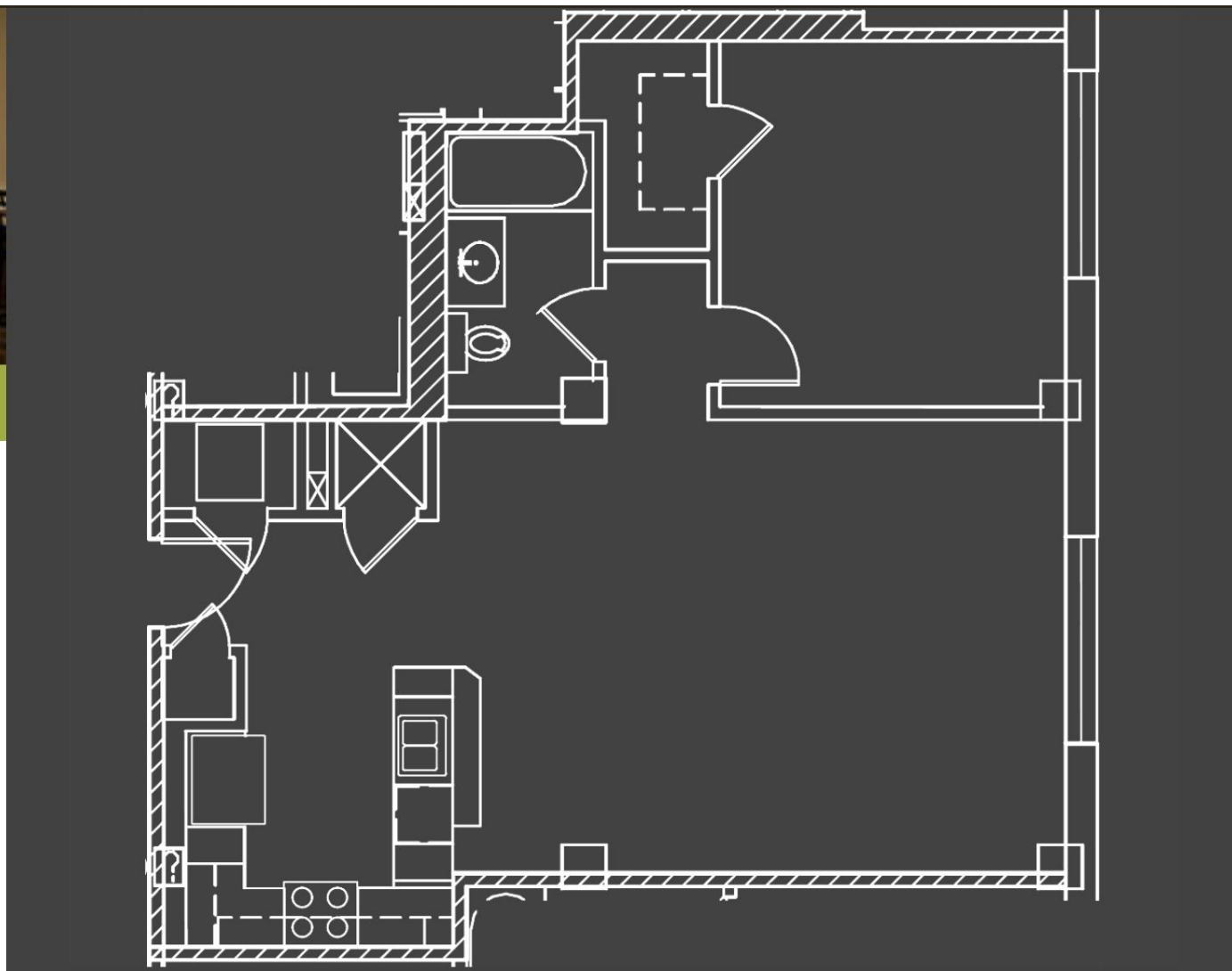
Unit 226

Type of Unit: Condominium

Square feet: 750

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
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 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

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RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

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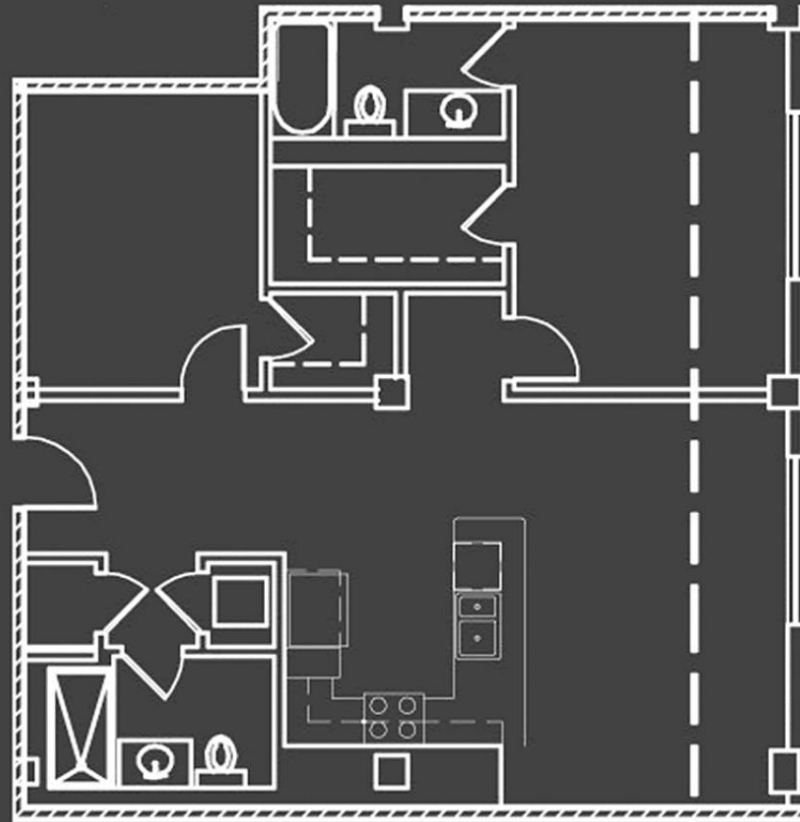
Unit 227

Type of Unit: Condominium

Square feet: 933

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

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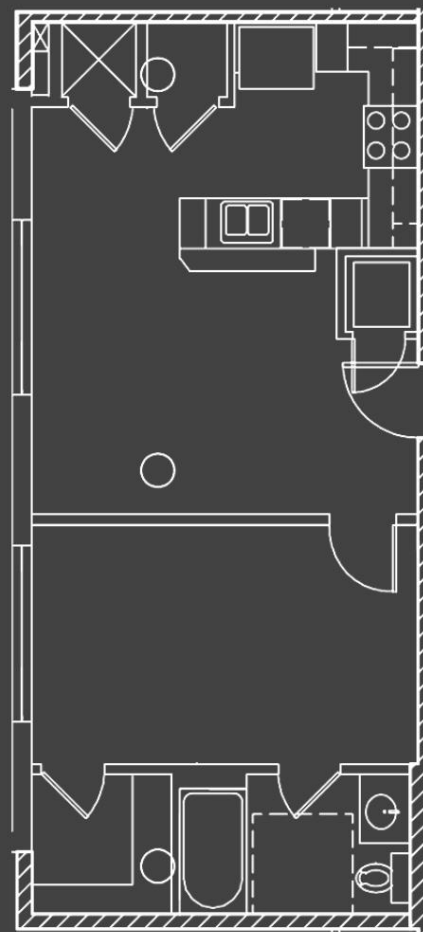
Unit 228

Type of Unit: Condominium

Square feet: 549

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

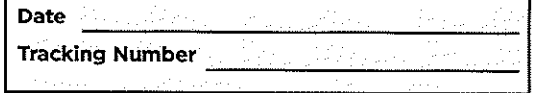
License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
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 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



ATTESTATIONS:


I, Robert J. Ellis, Jr. hereby certify that:

 The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

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The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

 The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

25 The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

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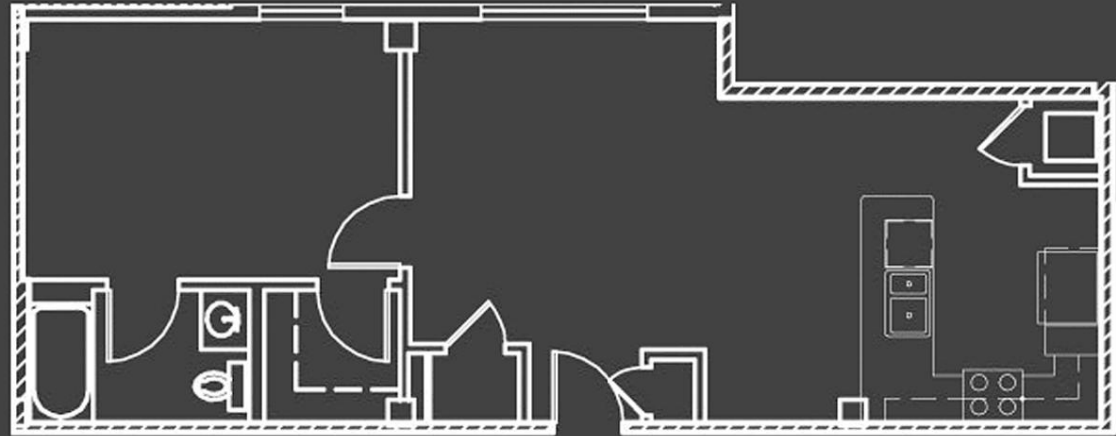
Unit 230

Type of Unit: Condominium

Square feet: 709

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

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Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

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Required Attachments:

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 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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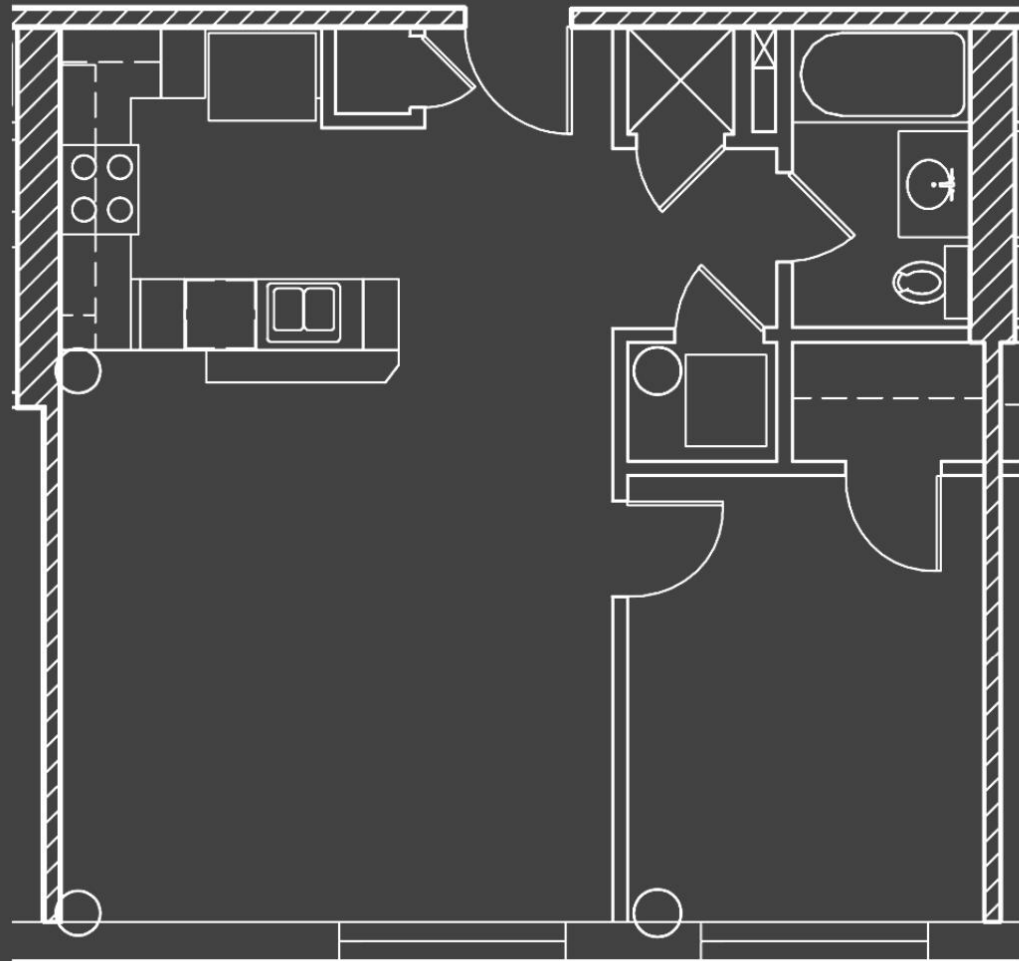
Unit 232

Type of Unit: Condominium

Square feet: 648

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

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Do you have a licensed operator for this STR?

Yes _____ In Process _____

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 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: [Signature] Date: 3/31/2025



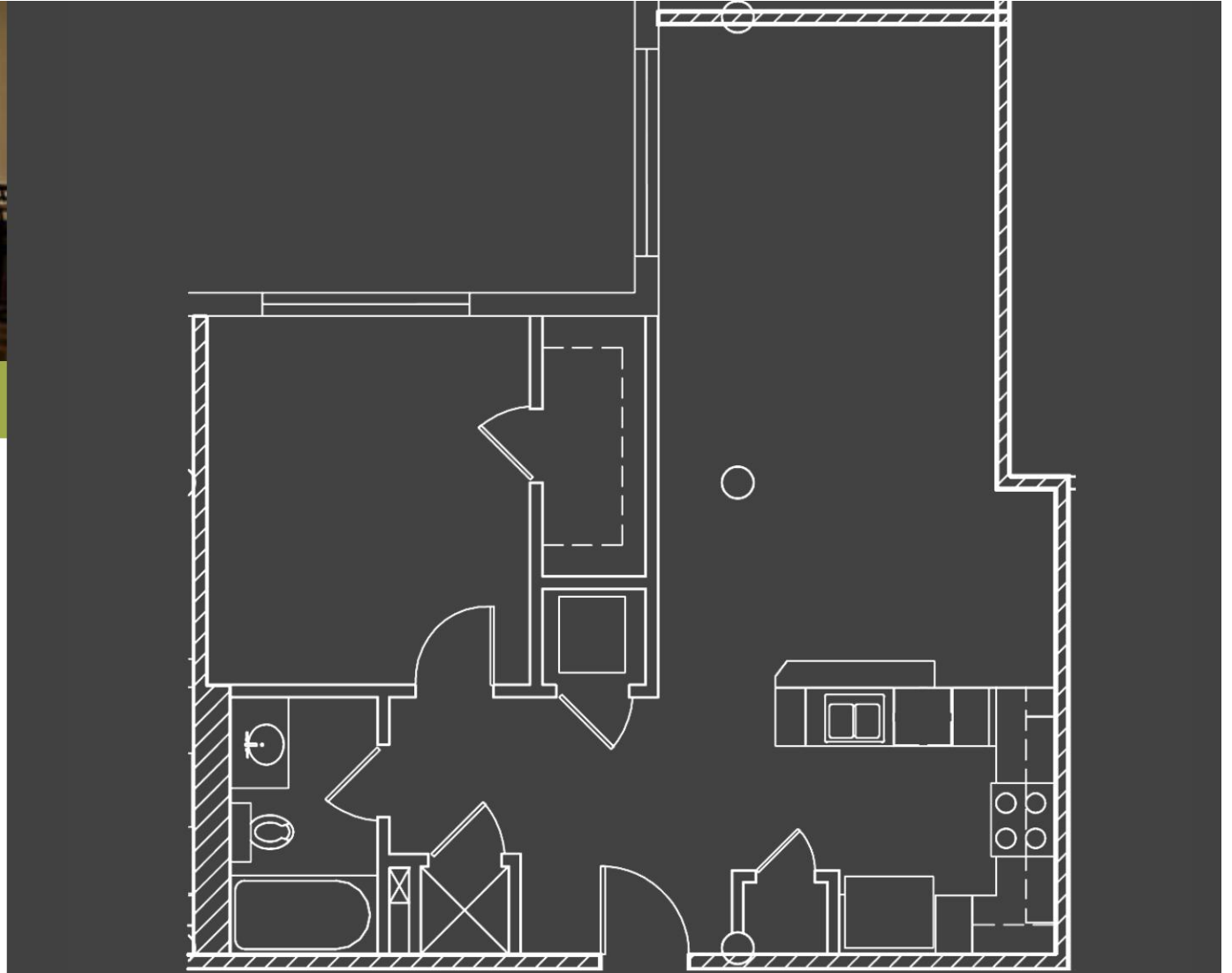
Unit 302

Type of Unit: Condominium

Square feet: 726

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

For detailed information, required reading, sample documents, and fillable forms relating to Short Term Rentals, please visit **nola.gov/str**. This application and all required attachments may be handwritten and submitted in person at the OneStop Shop on the 7th floor of City Hall. Applications can also be filled out and filed electronically with all required attachments at **onestopapp.nola.gov**. Instructions, FAQ, and troubleshooting tips for the **onestopapp.nola.gov** webpage are available at **https://nola.gov/onestop/help-with-the-one-stop-app/**. For technical issues with the **onestopapp.nola.gov** webpage, please contact **onestopapp@nola.gov**. Contact the Short Term Rental Administration by email at **str@nola.gov** or by phone at **504-658-7144**.

OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

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Applicant Signature: [Signature] Date: 3/31/2025



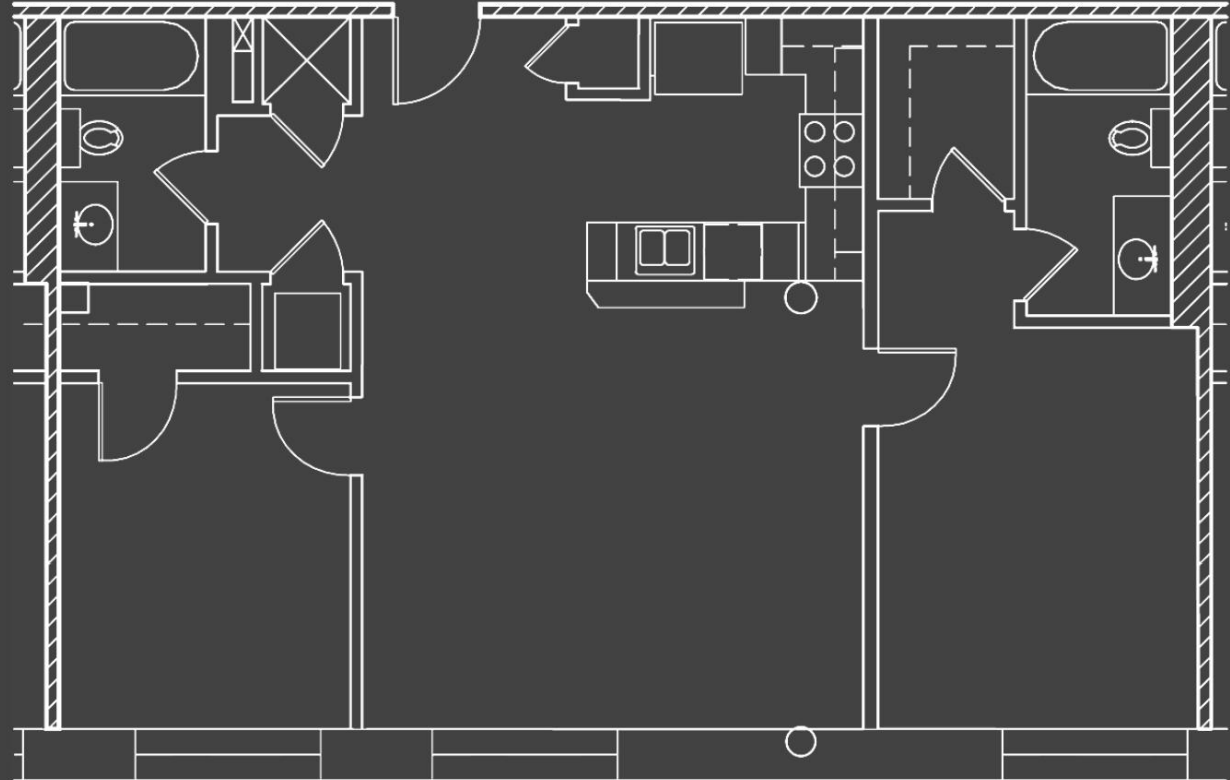
Unit 303

Type of Unit: Condominium

Square feet: 961

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

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RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

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Applicant Signature: [Signature] Date: 3/31/2025



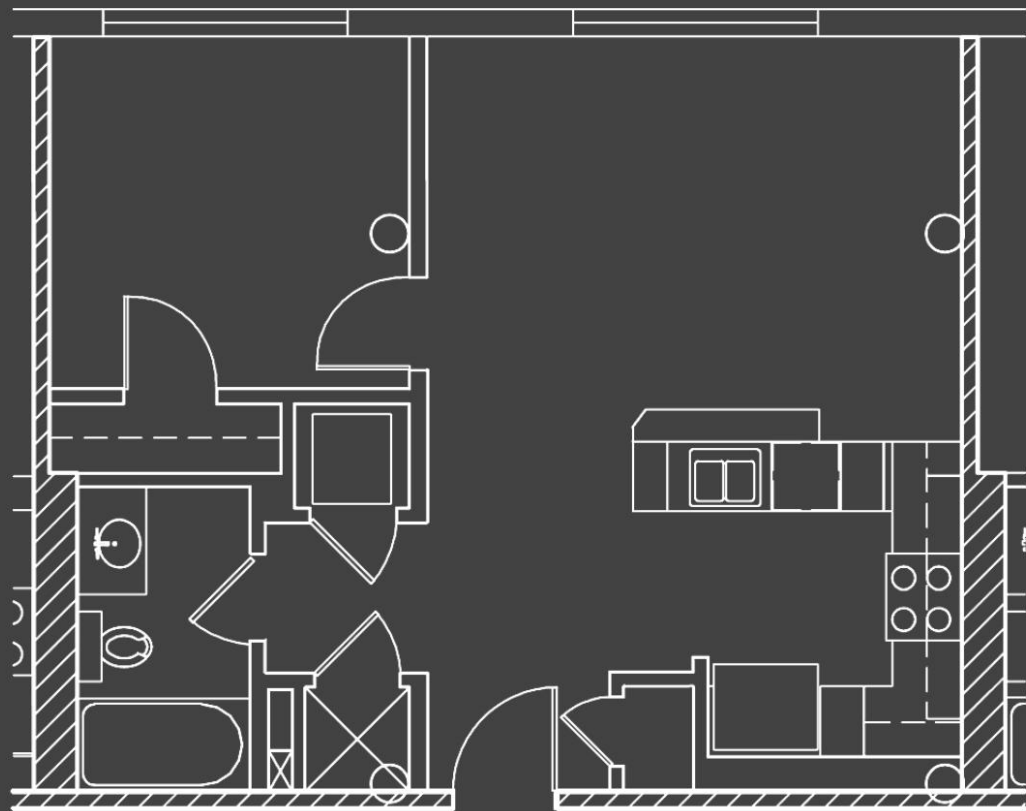
Unit 304

Type of Unit: Condominium

Square feet: 558

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

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RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

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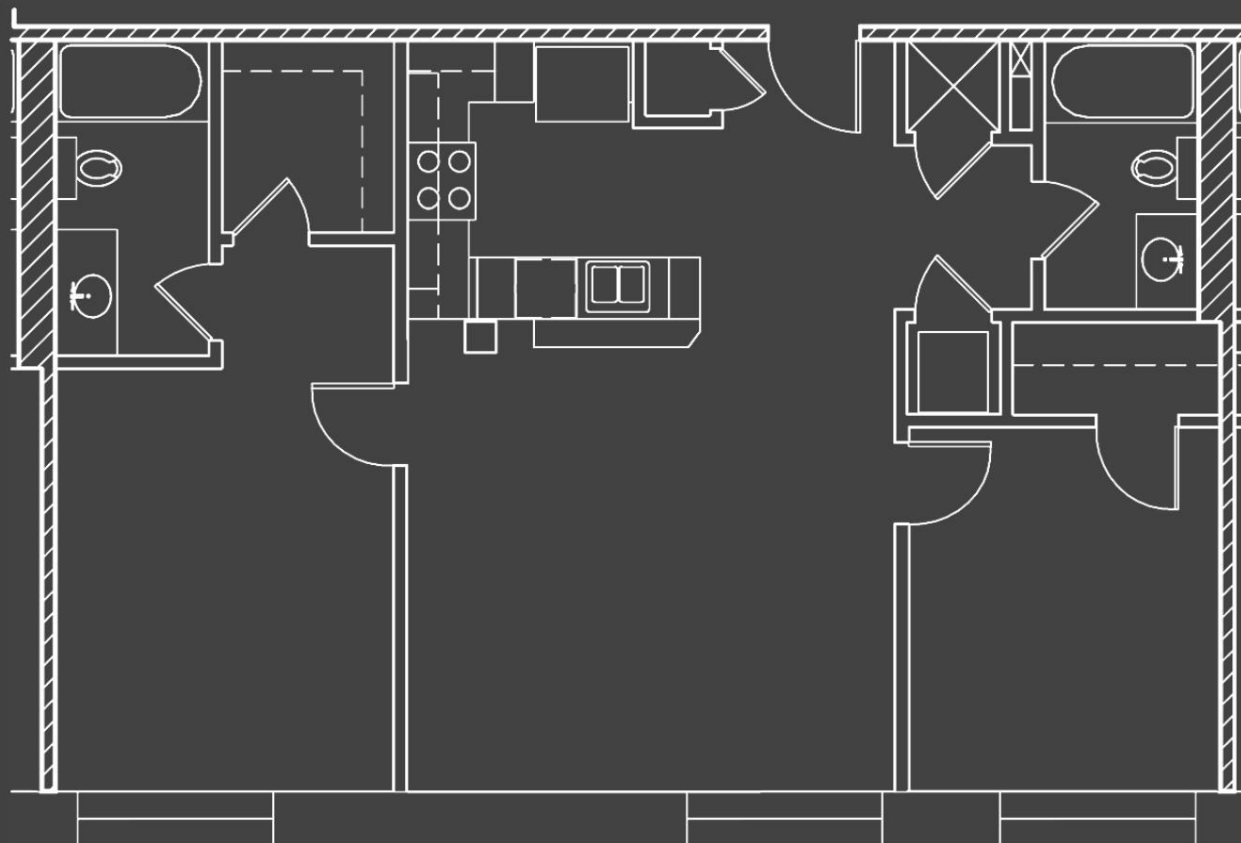
Unit 305

Type of Unit: Condominium

Square feet: 922

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
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- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

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RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

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RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

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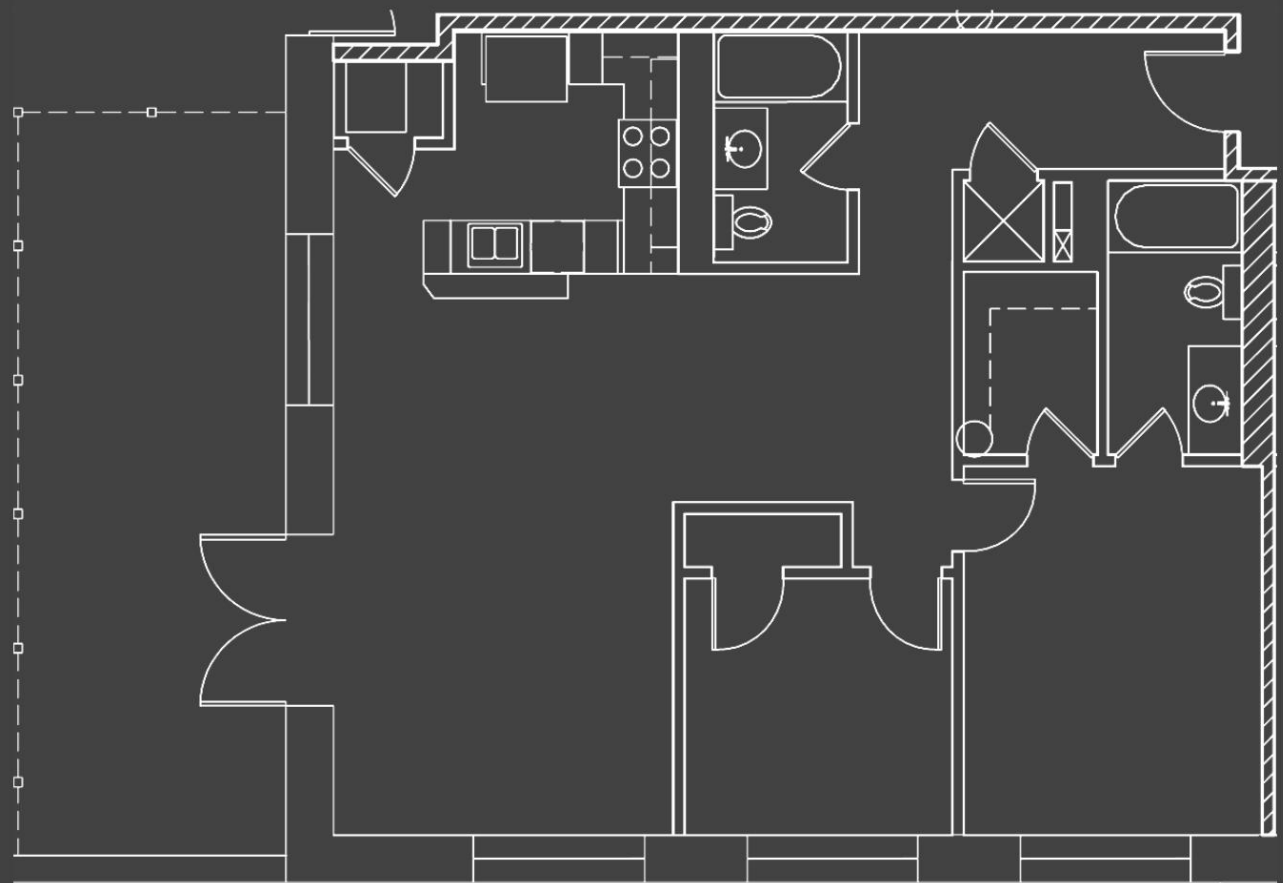
Unit 307

Type of Unit: Condominium

Square feet: 1034

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

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- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
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 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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Initial Below:

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Applicant Signature: [Signature] Date: 3/31/2025

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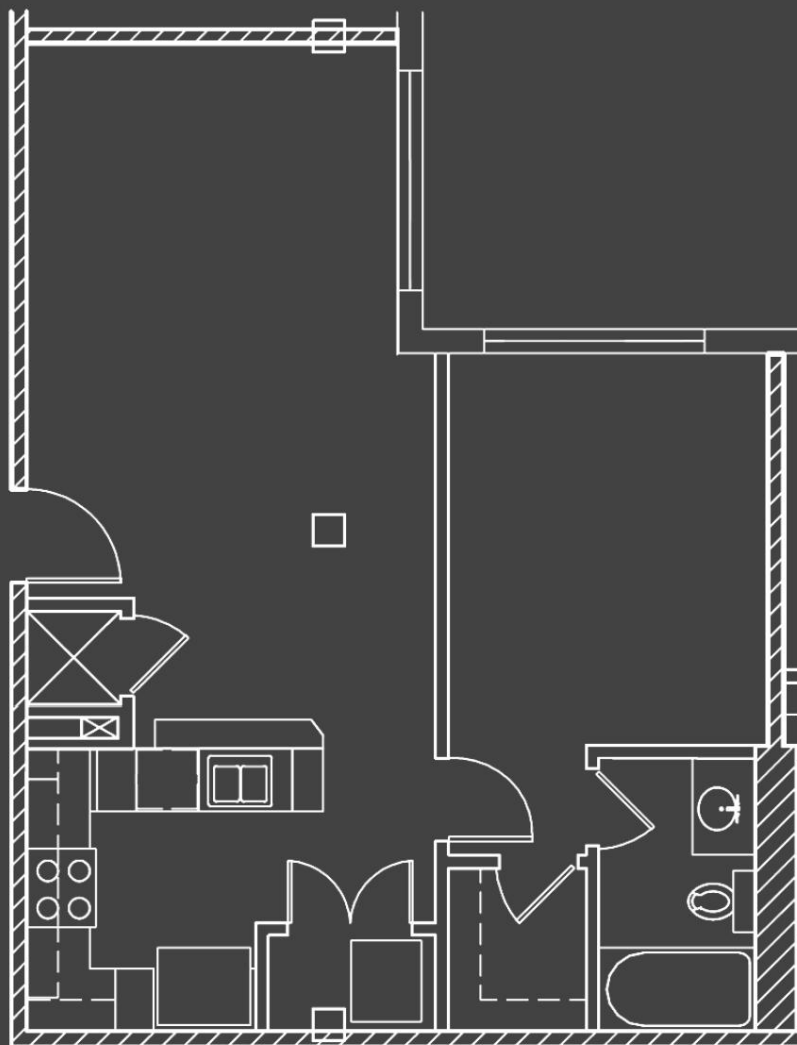
Unit 308

Type of Unit: Condominium

Square feet: 635

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

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Mailing Address: _____

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Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

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Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

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Required Attachments:

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 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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Applicant Signature: Robert J. Ellis, Jr Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: Robert J. Ellis, Jr Date: 3/31/2025



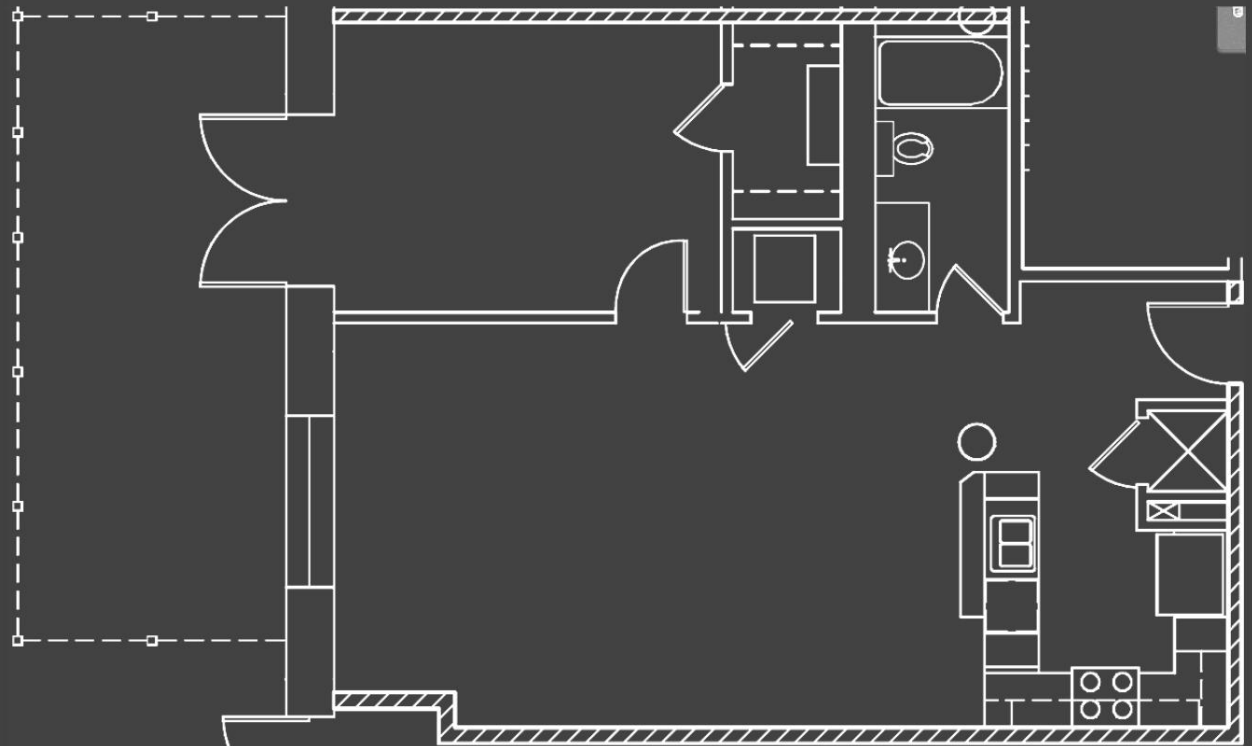
Unit 309

Type of Unit: Condominium

Square feet: 790

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

For detailed information, required reading, sample documents, and fillable forms relating to Short Term Rentals, please visit **nola.gov/str**. This application and all required attachments may be handwritten and submitted in person at the OneStop Shop on the 7th floor of City Hall. Applications can also be filled out and filed electronically with all required attachments at **onestopapp.nola.gov**. Instructions, FAQ, and troubleshooting tips for the **onestopapp.nola.gov** webpage are available at **https://nola.gov/onestop/help-with-the-one-stop-app/**. For technical issues with the **onestopapp.nola.gov** webpage, please contact **onestopapp@nola.gov**. Contact the Short Term Rental Administration by email at **str@nola.gov** or by phone at **504-658-7144**.

OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

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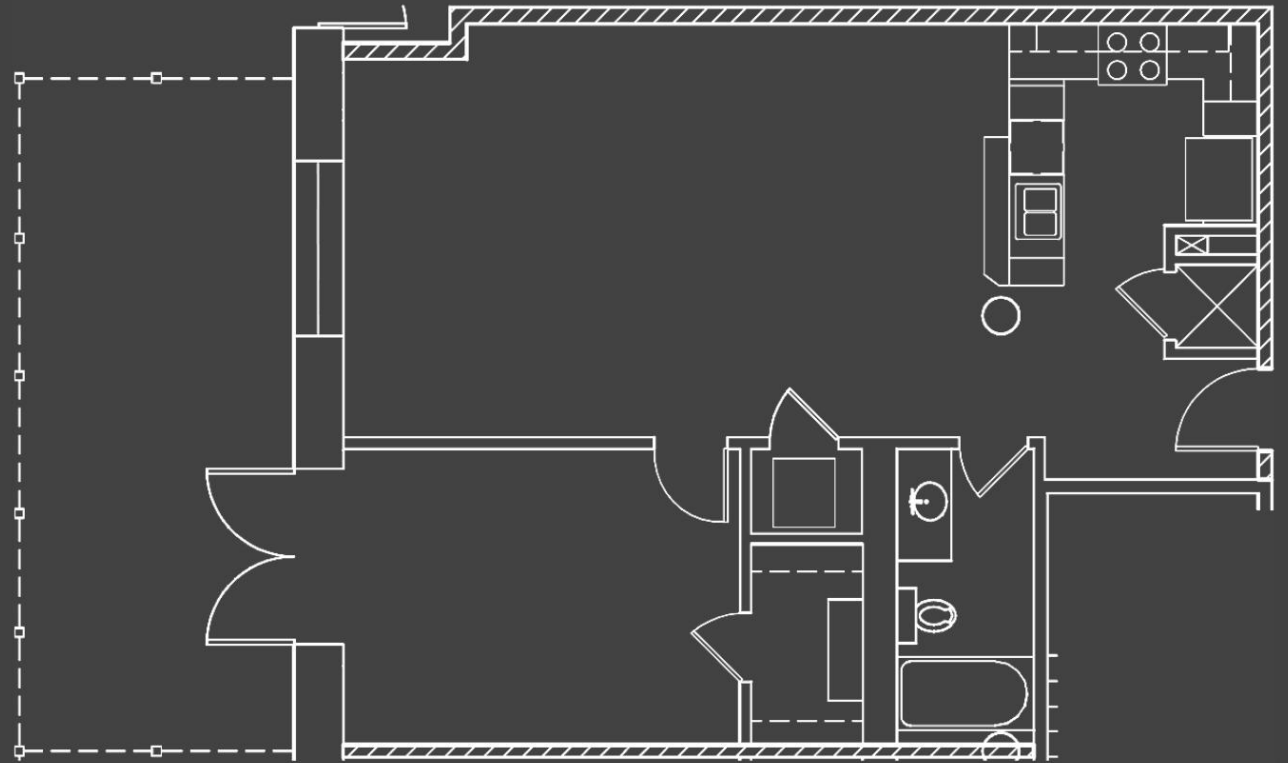
Unit 310

Type of Unit: Condominium

Square feet: 790

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

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Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

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- ☐ A Sanitation Plan
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 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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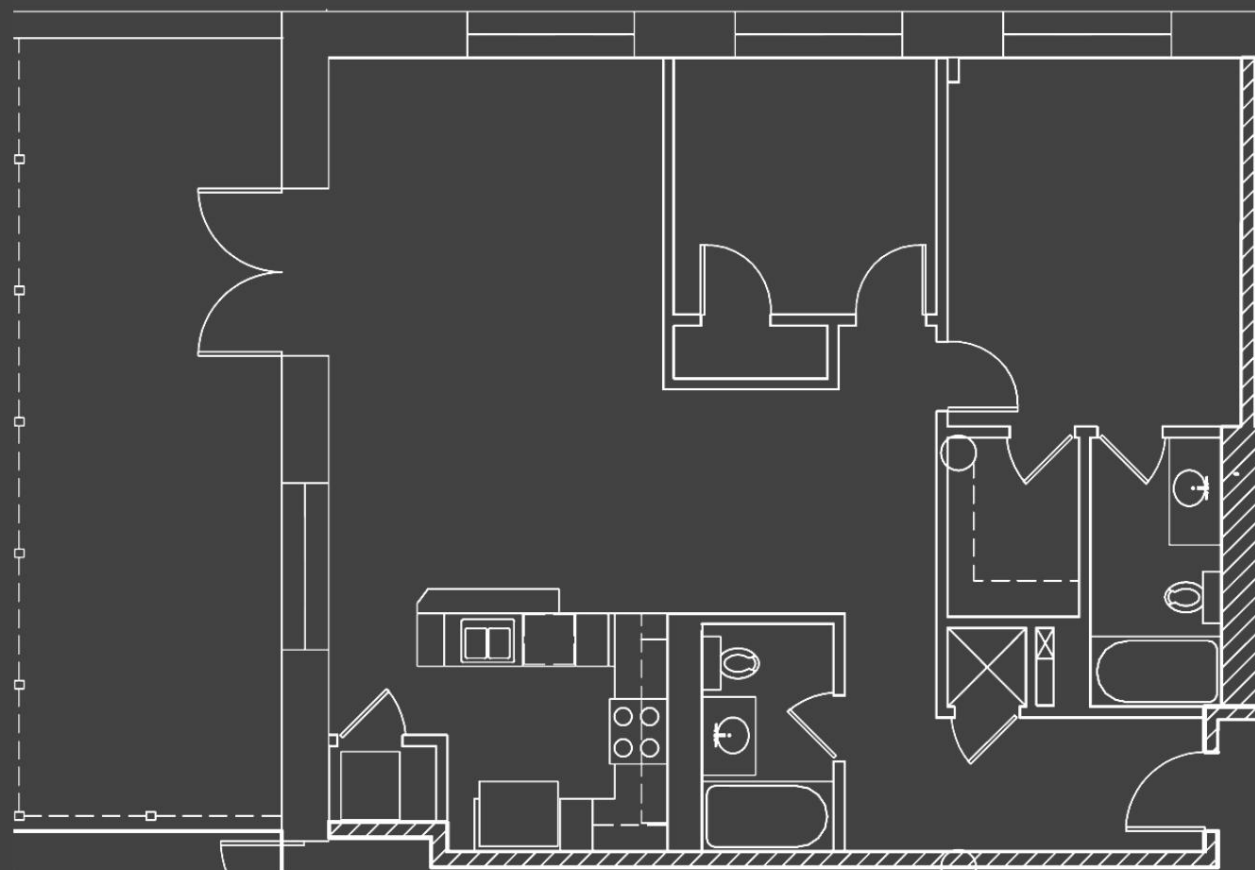
Unit 311

Type of Unit: Condominium

Square feet: 1042

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

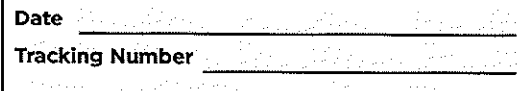
License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
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- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
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 - Kitchens
 - Interior Doors



ATTESTATIONS:

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 The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

05 The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

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Date:

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Applicant Signature:

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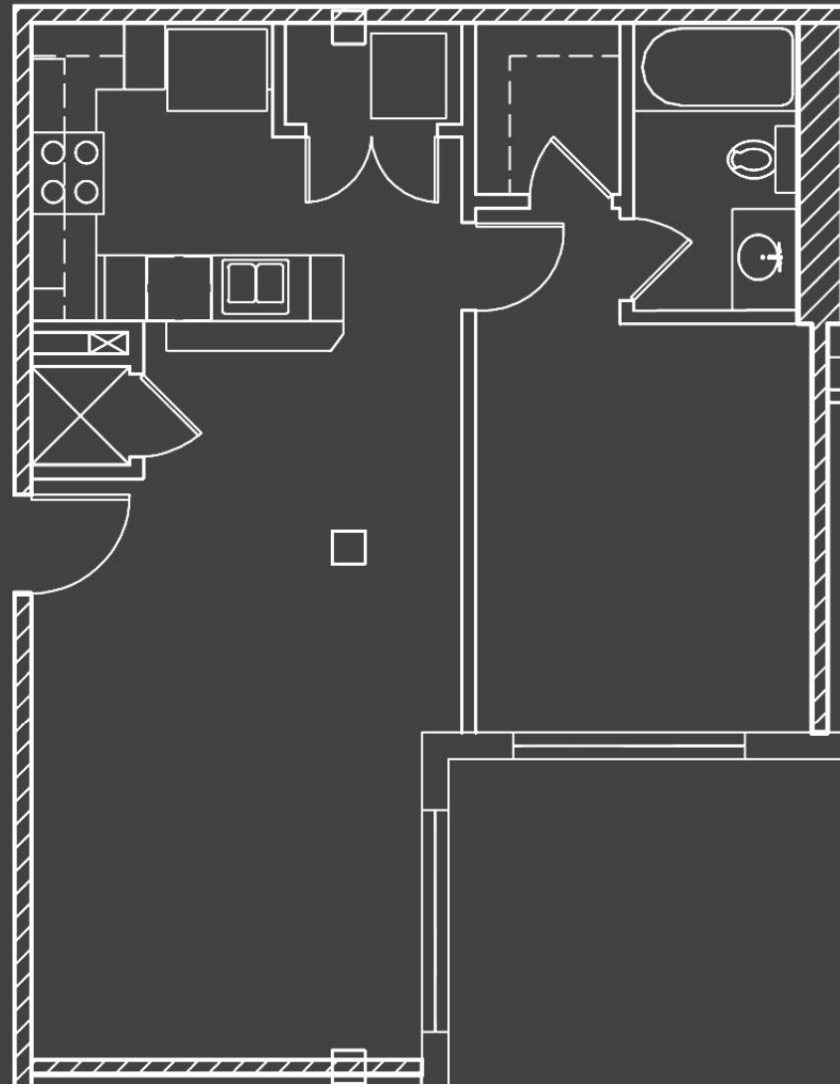
Unit 312

Type of Unit: Condominium

Square feet: 634

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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Do you have a licensed operator for this STR?

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 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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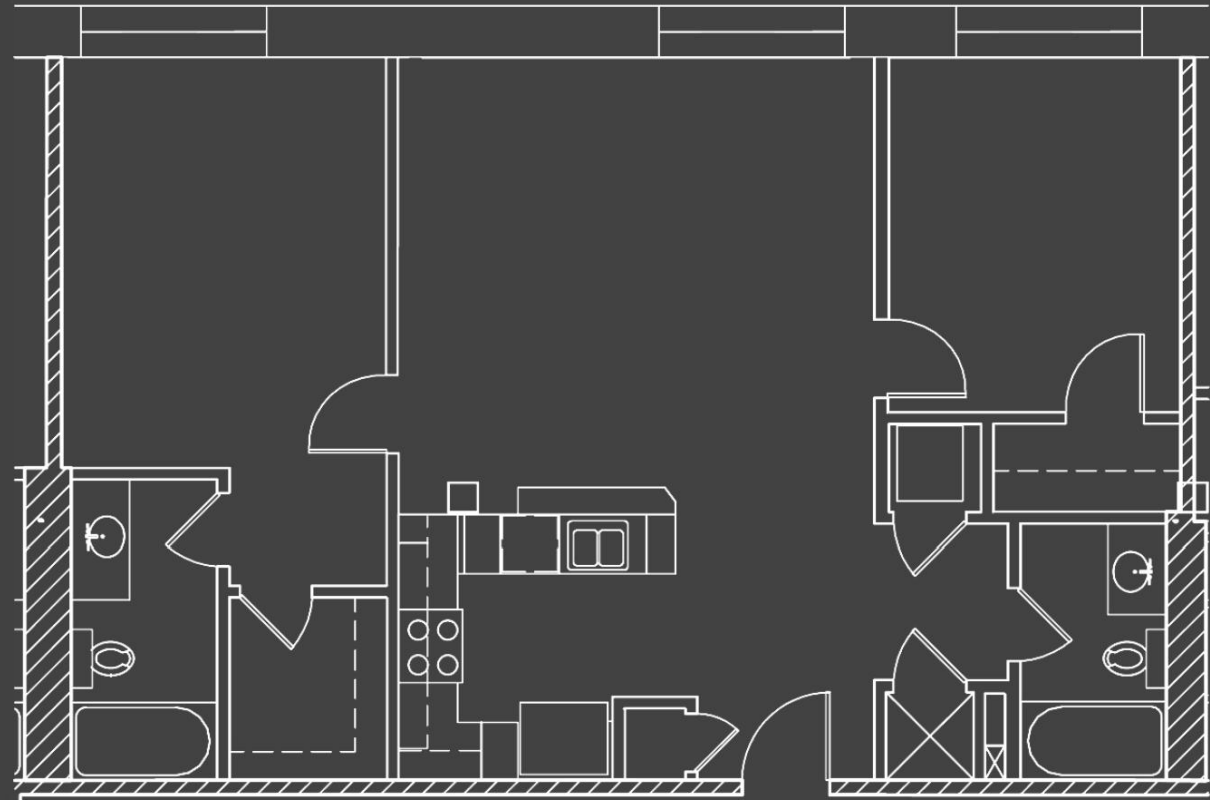
Unit 313

Type of Unit: Condominium

Square feet: 942

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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Owner Name: _____

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Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

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Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

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Required Attachments:

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 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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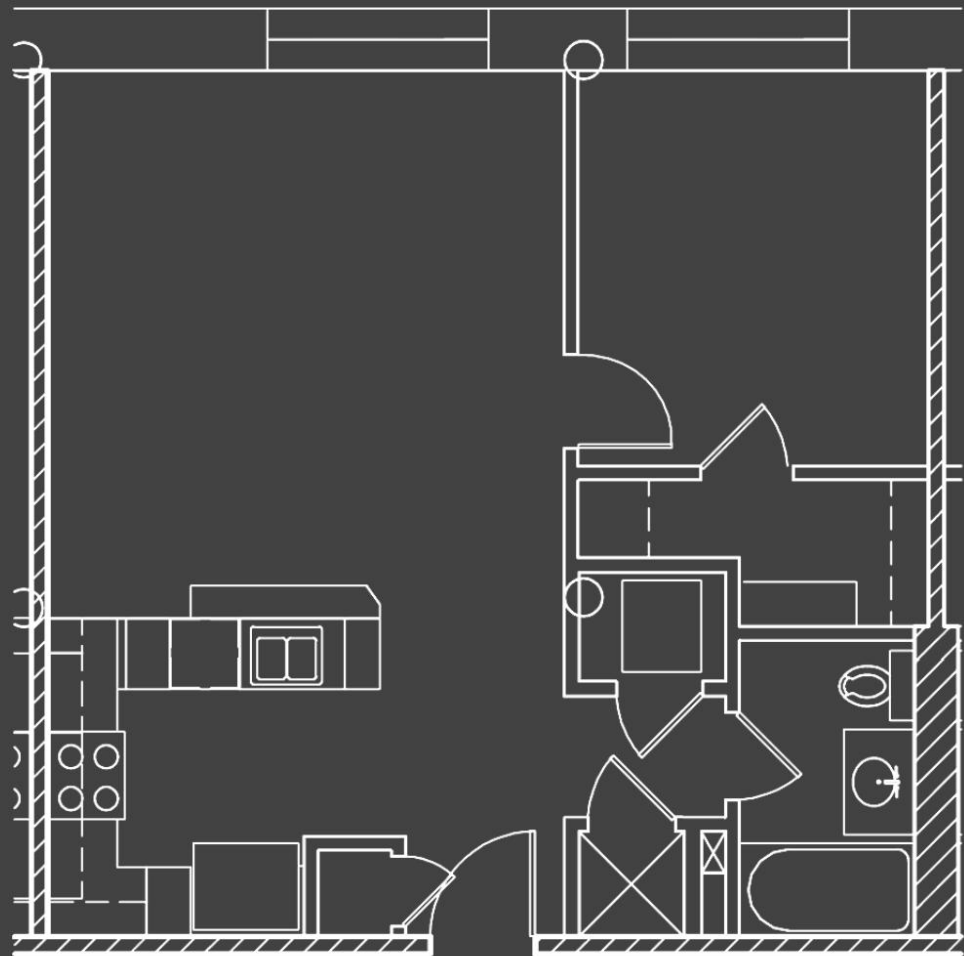
Unit 317

Type of Unit: Condominium

Square feet: 620

Bedrooms: 1

Bathrooms: 1.0





Date	_____
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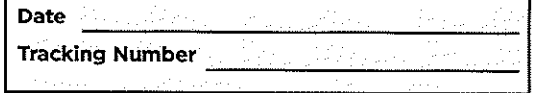
License # _____ Reference # _____

No _____

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Applicant Signature: [Signature] Date: 3/31/2025



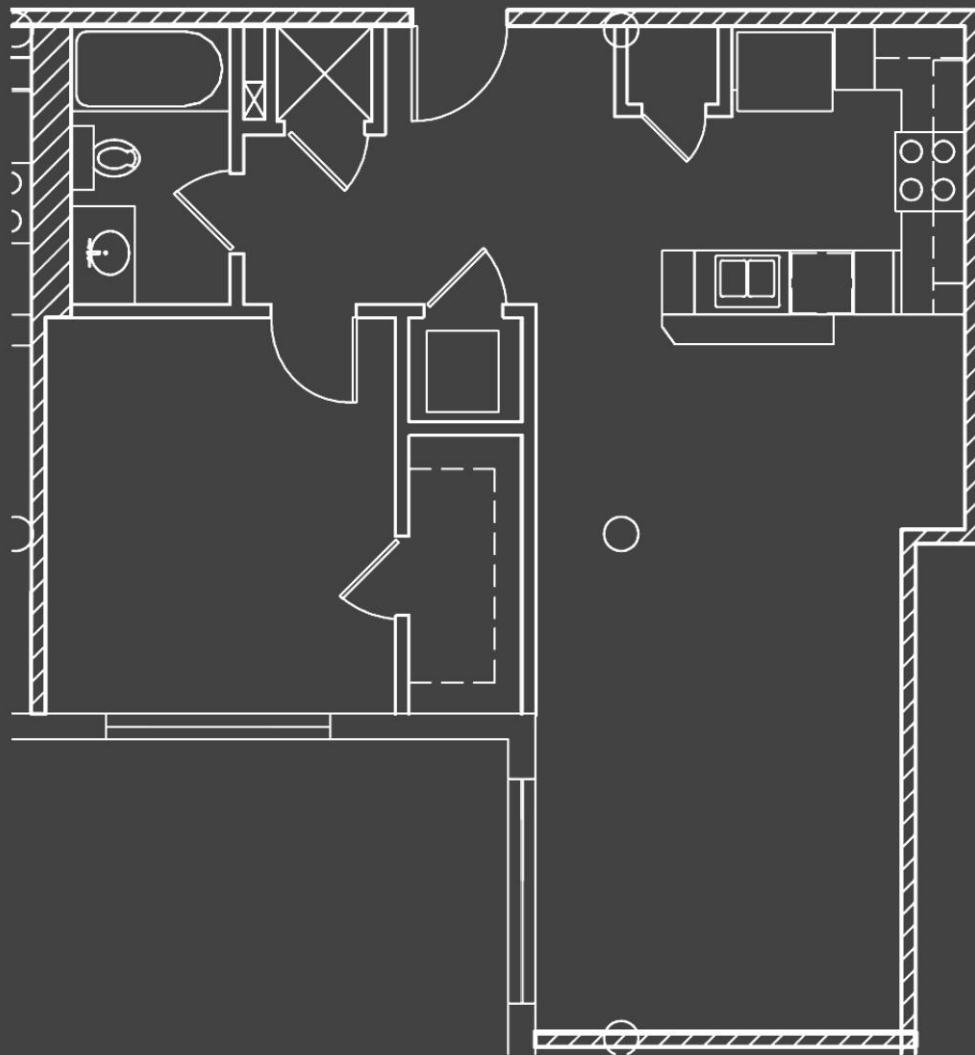
Unit 318

Type of Unit: Condominium

Square feet: 726

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

For detailed information, required reading, sample documents, and fillable forms relating to Short Term Rentals, please visit **nola.gov/str**. This application and all required attachments may be handwritten and submitted in person at the OneStop Shop on the 7th floor of City Hall. Applications can also be filled out and filed electronically with all required attachments at **onestopapp.nola.gov**. Instructions, FAQ, and troubleshooting tips for the **onestopapp.nola.gov** webpage are available at **https://nola.gov/onestop/help-with-the-one-stop-app/**. For technical issues with the **onestopapp.nola.gov** webpage, please contact **onestopapp@nola.gov**. Contact the Short Term Rental Administration by email at **str@nola.gov** or by phone at **504-658-7144**.

OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: [Signature] Date: 3/31/2025



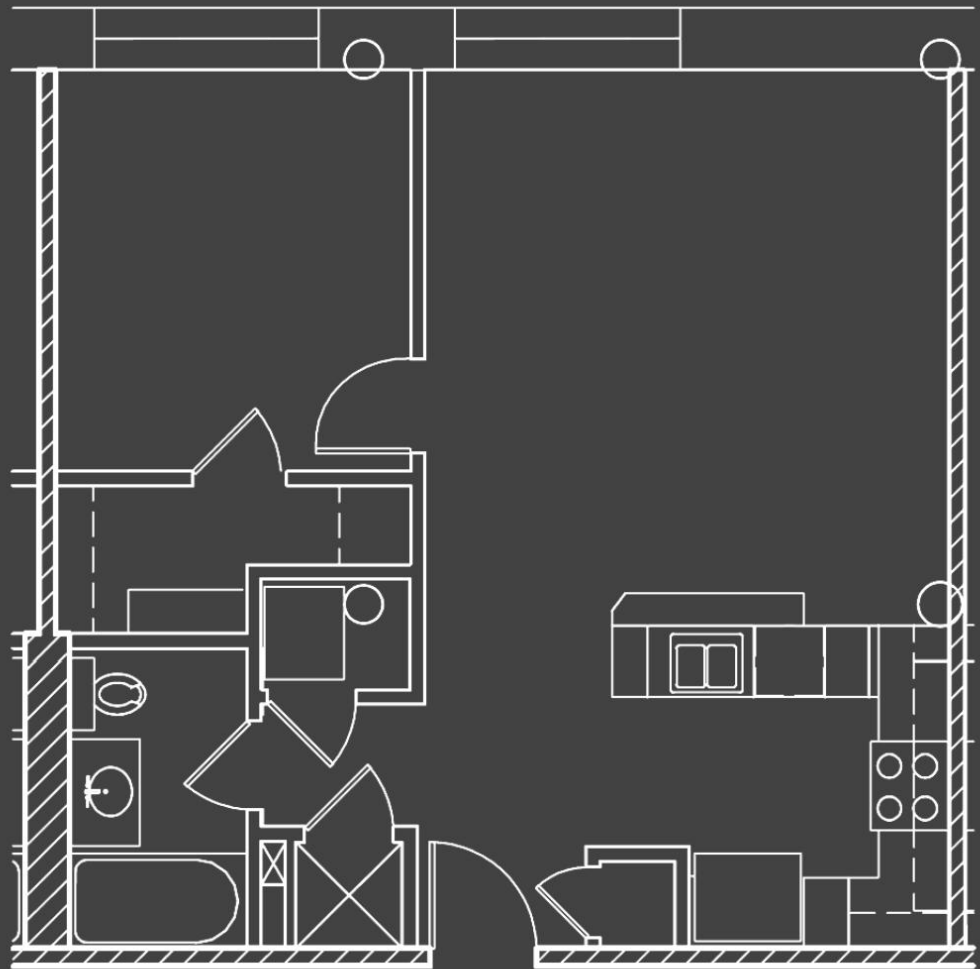
Unit 319

Type of Unit: Condominium

Square feet: 620

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

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Applicant Signature: [Signature] Date: 3/31/2025



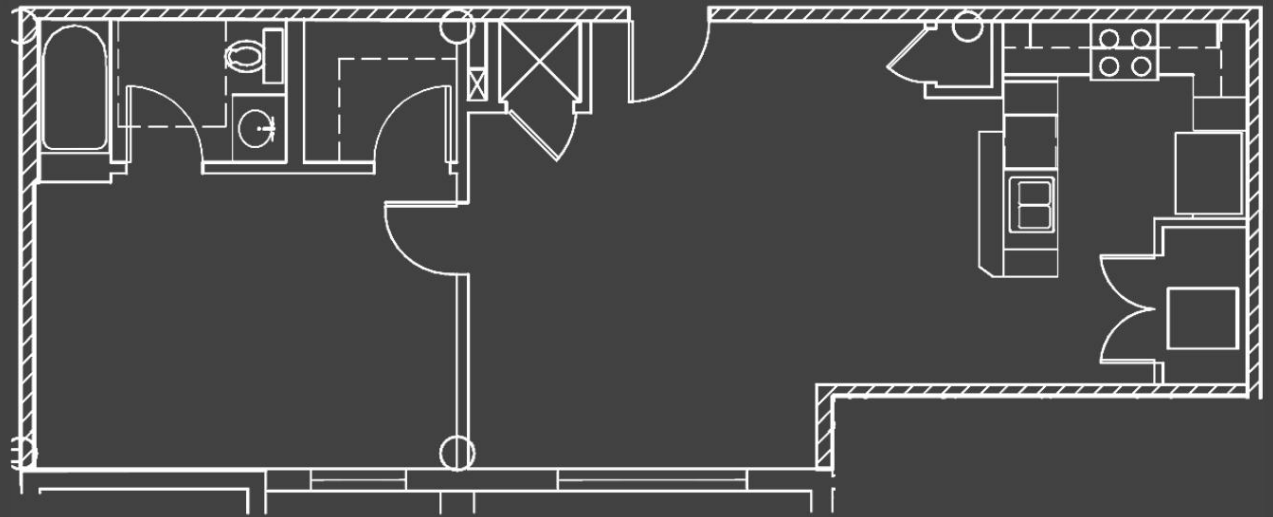
Unit 320

Type of Unit: Condominium

Square feet: 705

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

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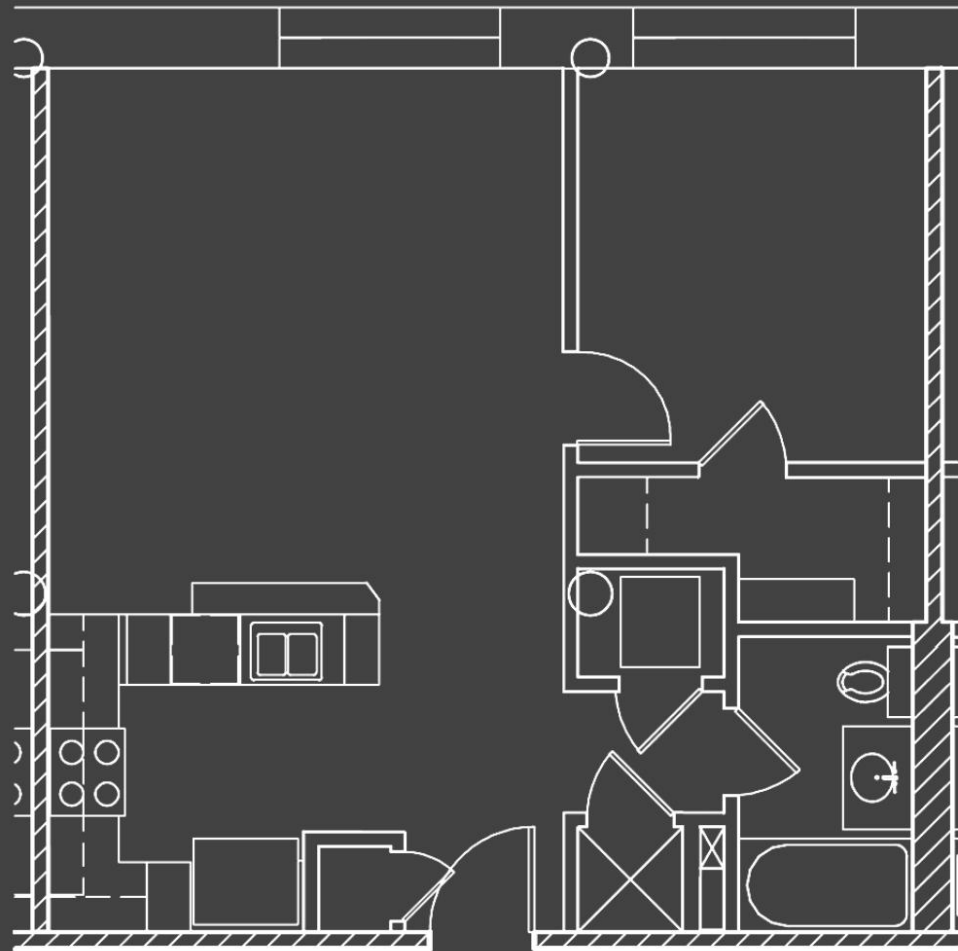
Unit 321

Type of Unit: Condominium

Square feet: 620

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
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- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

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RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

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Applicant Signature: [Signature] Date: 3/31/2025



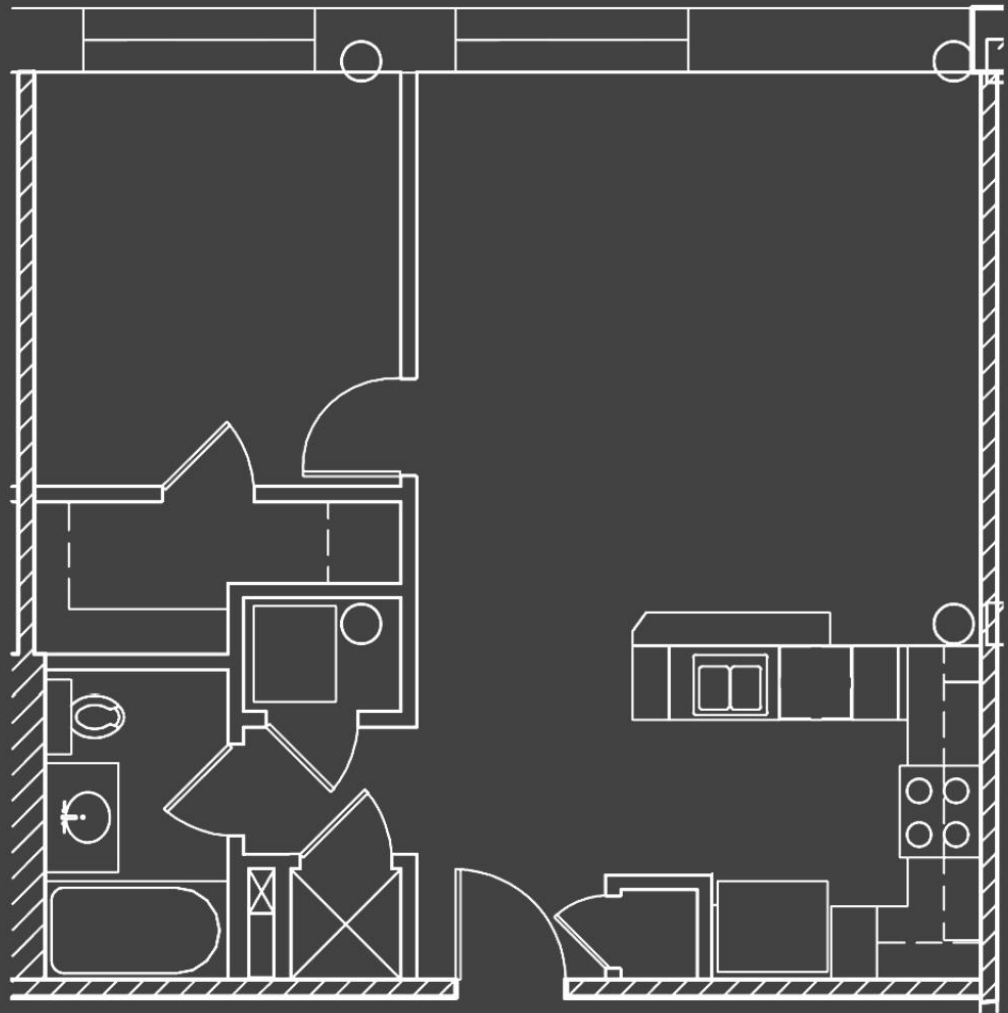
Unit 322

Type of Unit: Condominium

Square feet: 636

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

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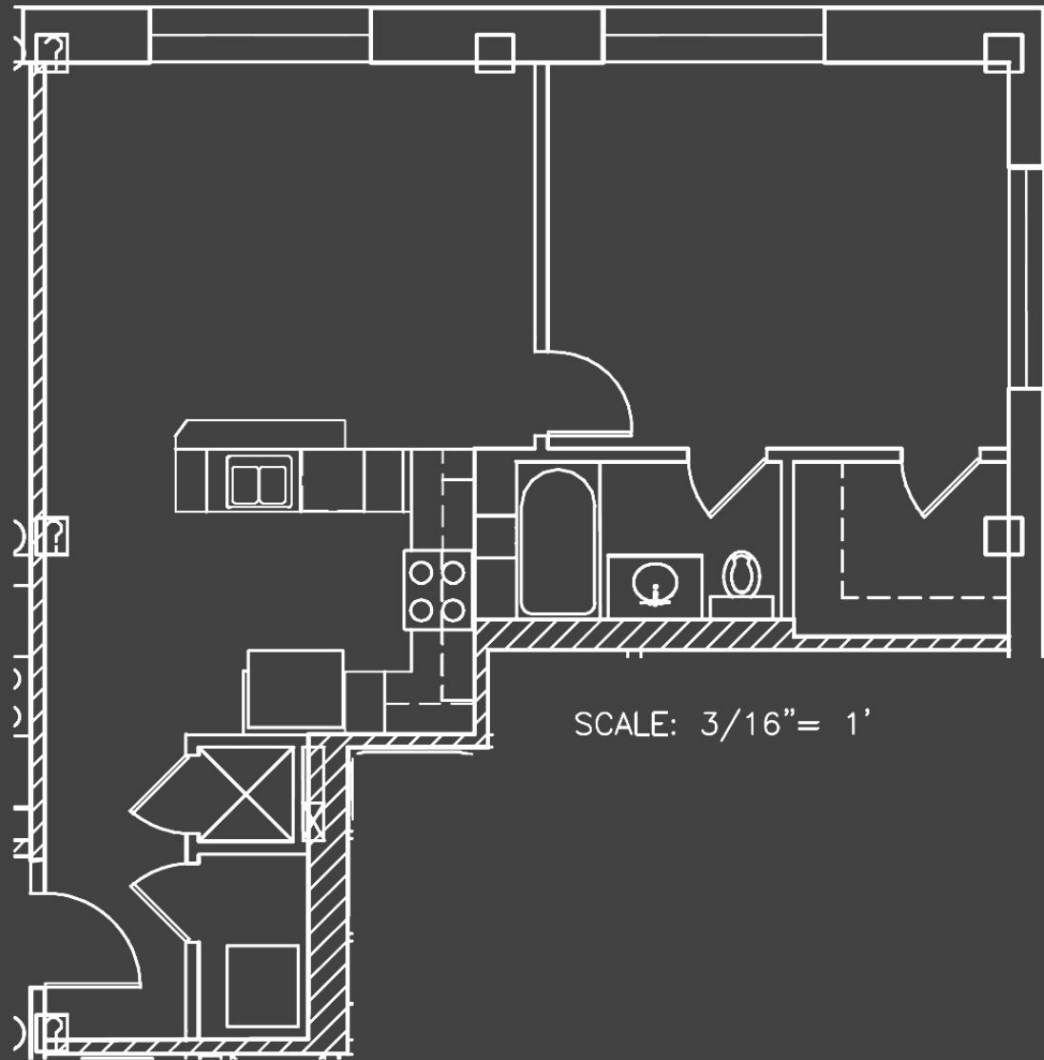
Unit 323

Type of Unit: Condominium

Square feet: 694

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

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Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

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STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

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 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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Initial Below:

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Applicant Signature: [Signature] Date: 3/31/2025

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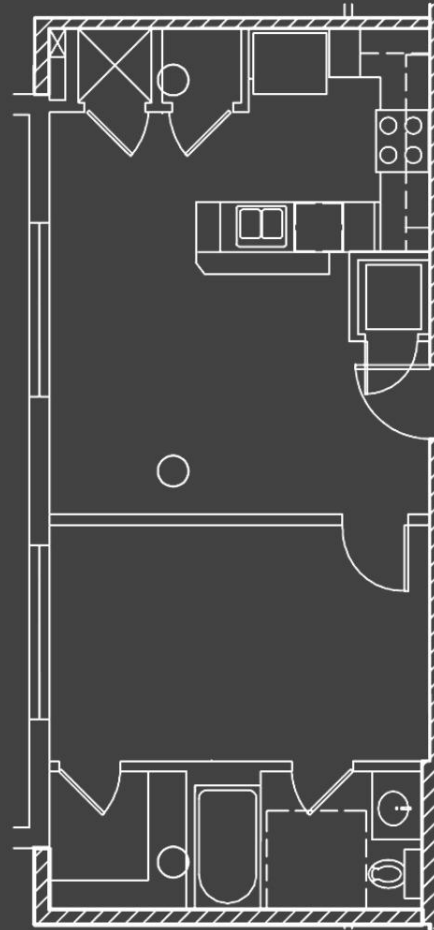
Unit 324

Type of Unit: Condominium

Square feet: 553

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

For detailed information, required reading, sample documents, and fillable forms relating to Short Term Rentals, please visit **nola.gov/str**. This application and all required attachments may be handwritten and submitted in person at the OneStop Shop on the 7th floor of City Hall. Applications can also be filled out and filed electronically with all required attachments at **onestopapp.nola.gov**. Instructions, FAQ, and troubleshooting tips for the **onestopapp.nola.gov** webpage are available at **https://nola.gov/onestop/help-with-the-one-stop-app/**. For technical issues with the **onestopapp.nola.gov** webpage, please contact **onestopapp@nola.gov**. Contact the Short Term Rental Administration by email at **str@nola.gov** or by phone at **504-658-7144**.

OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: [Signature] Date: 3/31/2025



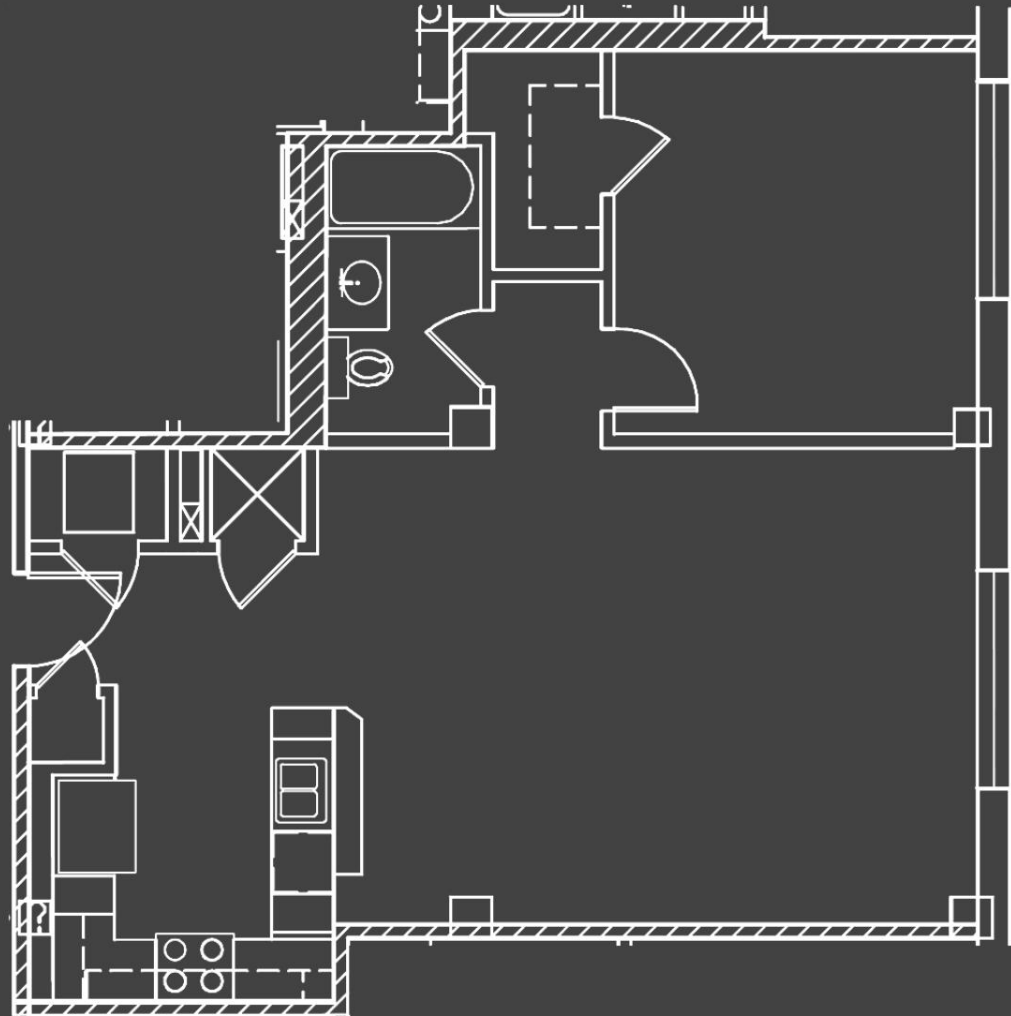
Unit 325

Type of Unit: Condominium

Square feet: 751

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, _____, hereby certify that:

Initial Below:

_____ The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

_____ The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

_____ The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

_____ The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

_____ The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

_____ The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

_____ The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: _____ Date: _____

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: _____ Date: _____



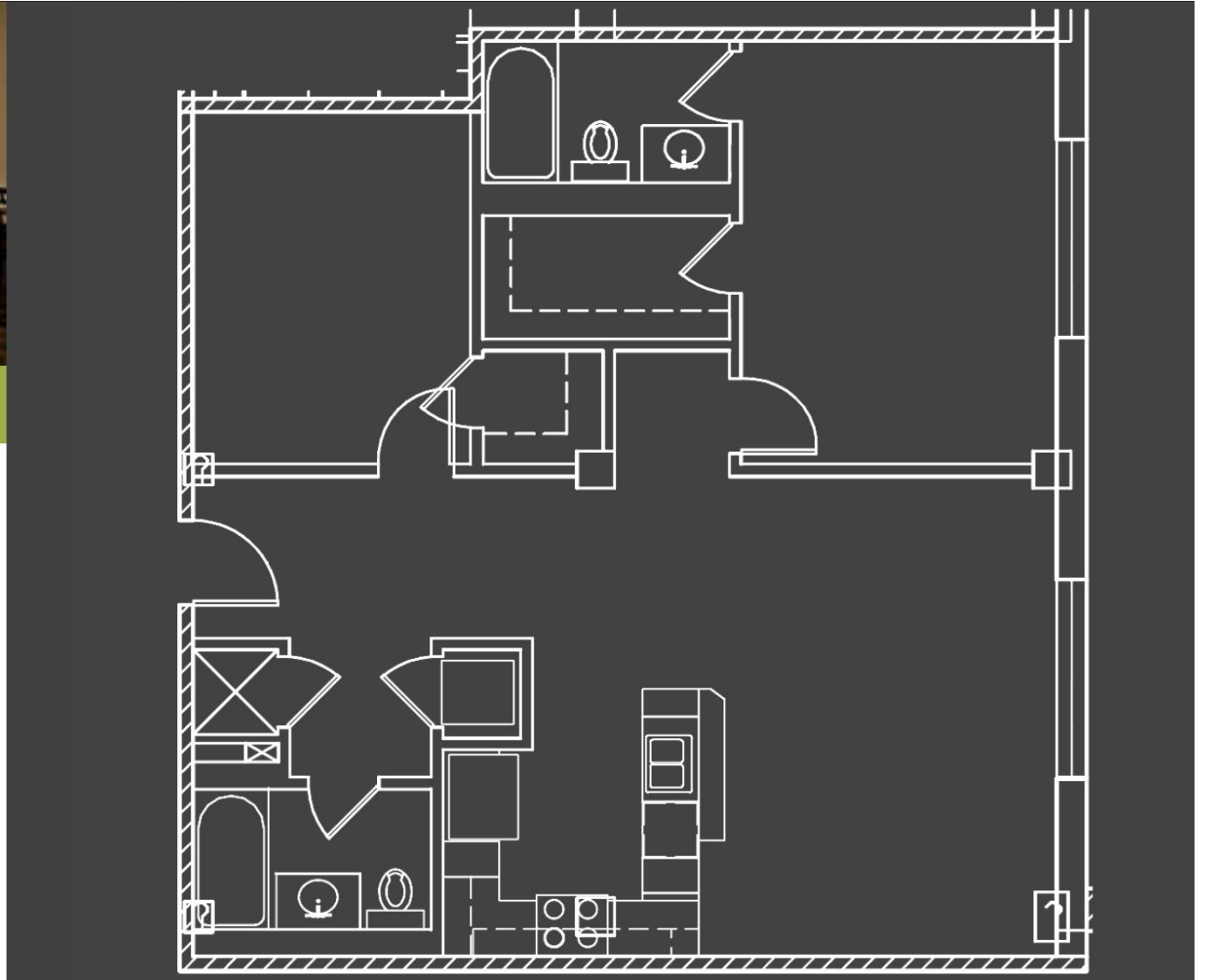
Unit 326

Type of Unit: Condominium

Square feet: 934

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: [Signature] Date: 3/31/2025



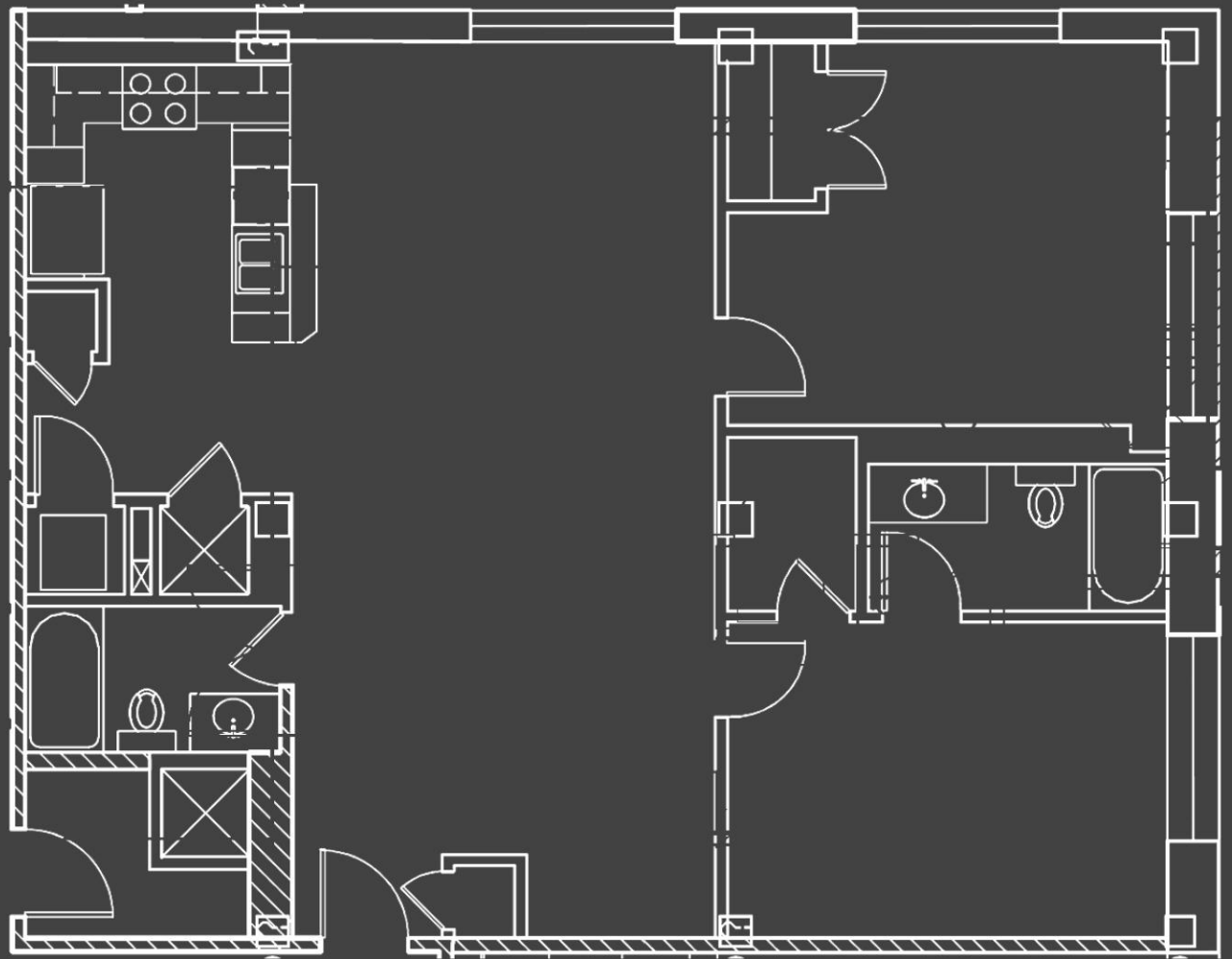
Unit 327

Type of Unit: Condominium

Square feet: 1155

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

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Applicant Signature: [Signature] Date: 3/31/2025



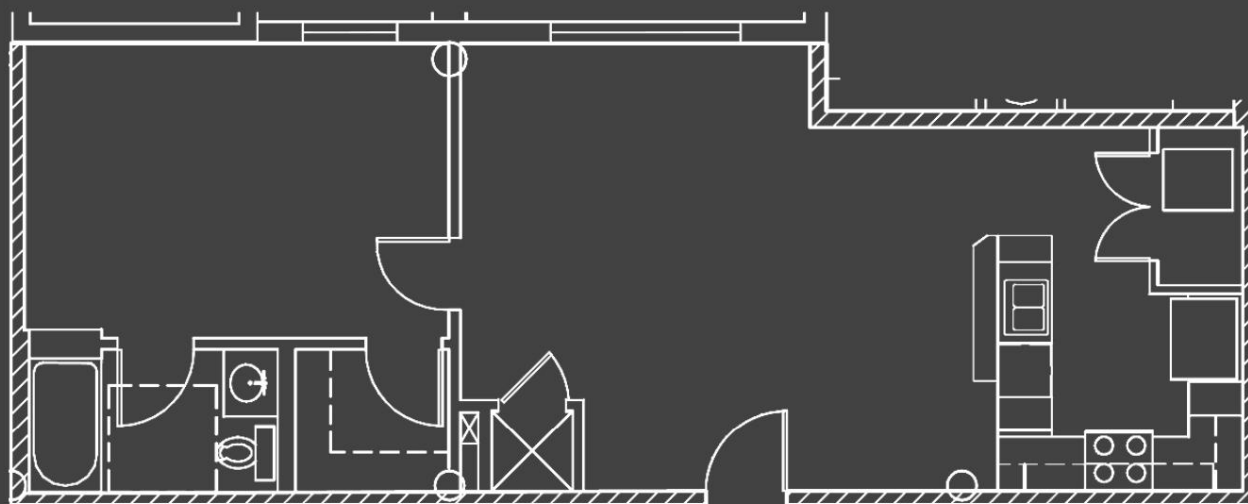
Unit 328

Type of Unit: Condominium

Square feet: 709

Bedrooms: 1

Bathrooms: 1.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
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- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr., hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: [Signature] Date: 3/31/2025



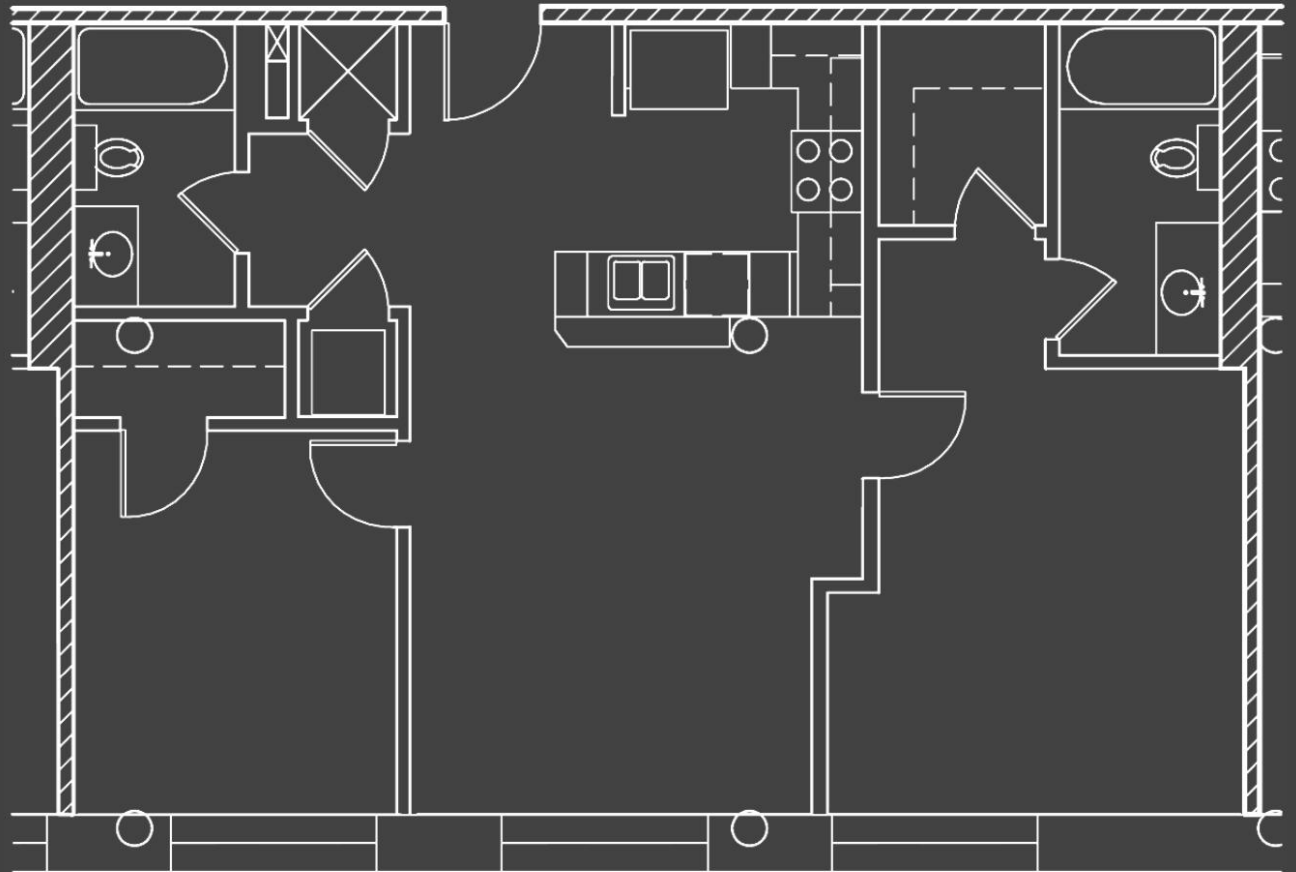
Unit 401

Type of Unit: Condominium

Square feet: 878

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

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 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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Initial Below:

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RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

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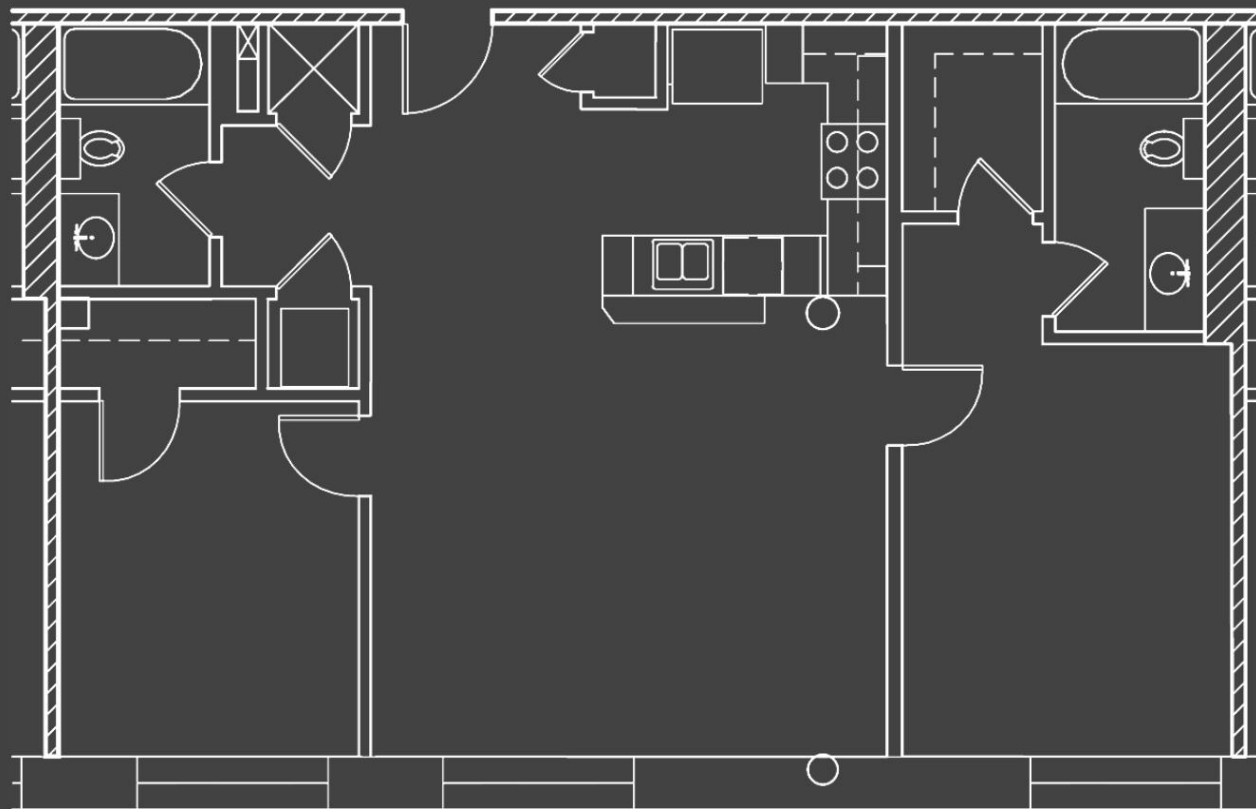
Unit 403

Type of Unit: Condominium

Square feet: 949

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

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Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

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Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: [Signature] Date: 3/31/2025



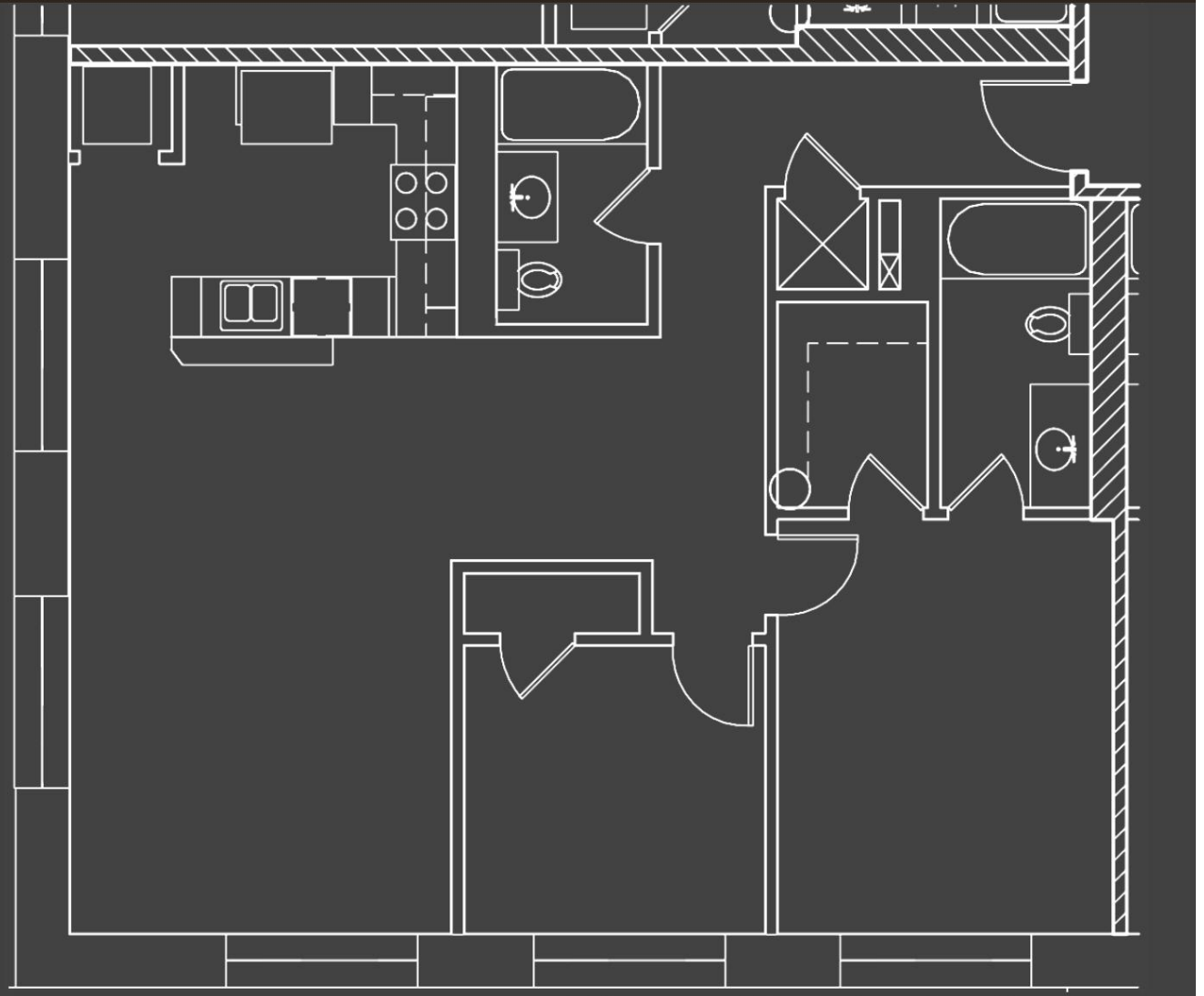
Unit 407

Type of Unit: Condominium

Square feet: 990

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

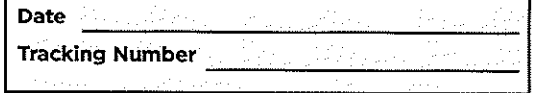
License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
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 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



ATTESTATIONS:


I, Robert J. Ellis, Jr. hereby certify that:

 The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

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DE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

 The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

BE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

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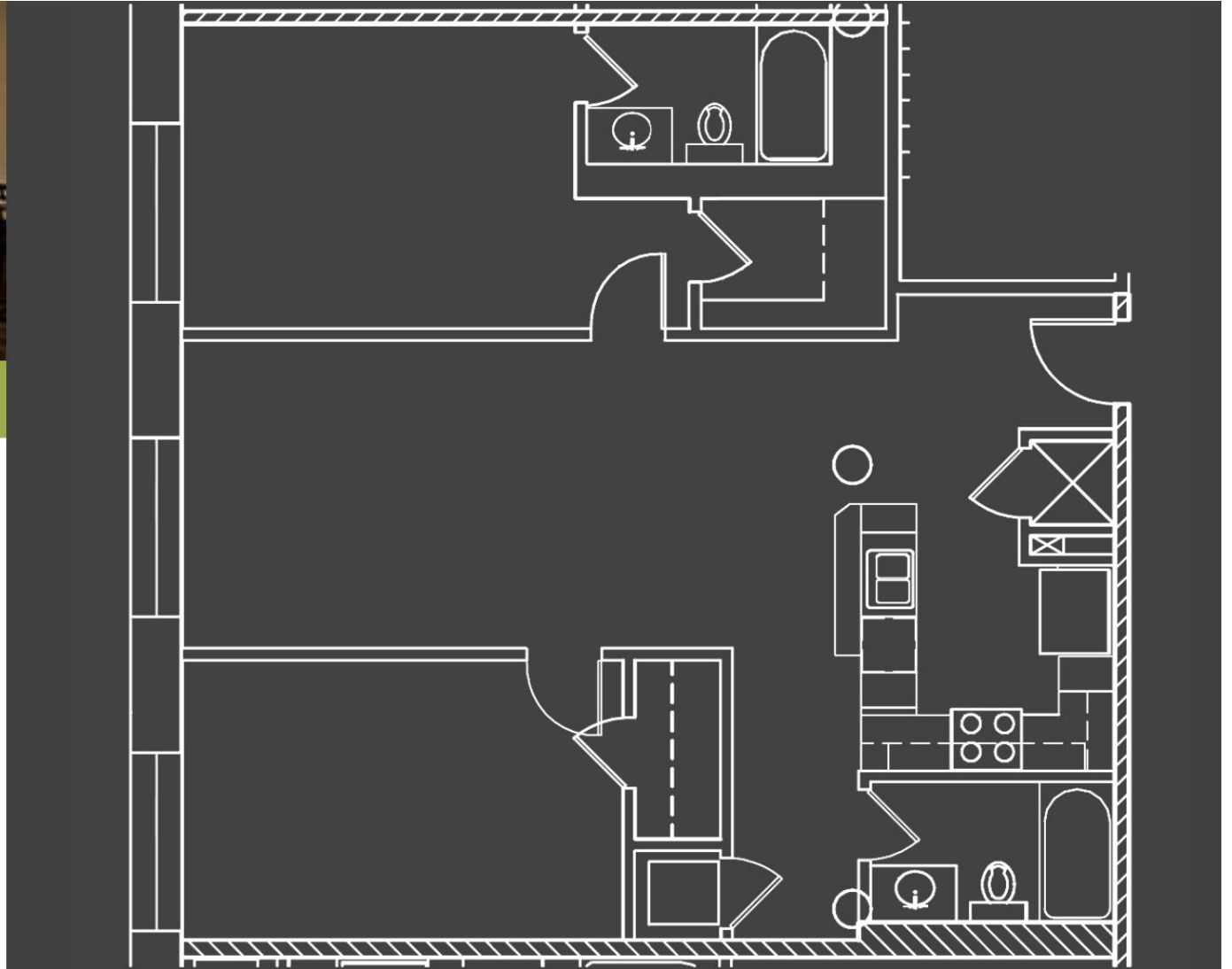
Unit 409

Type of Unit: Condominium

Square feet: 997

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
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 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

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RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

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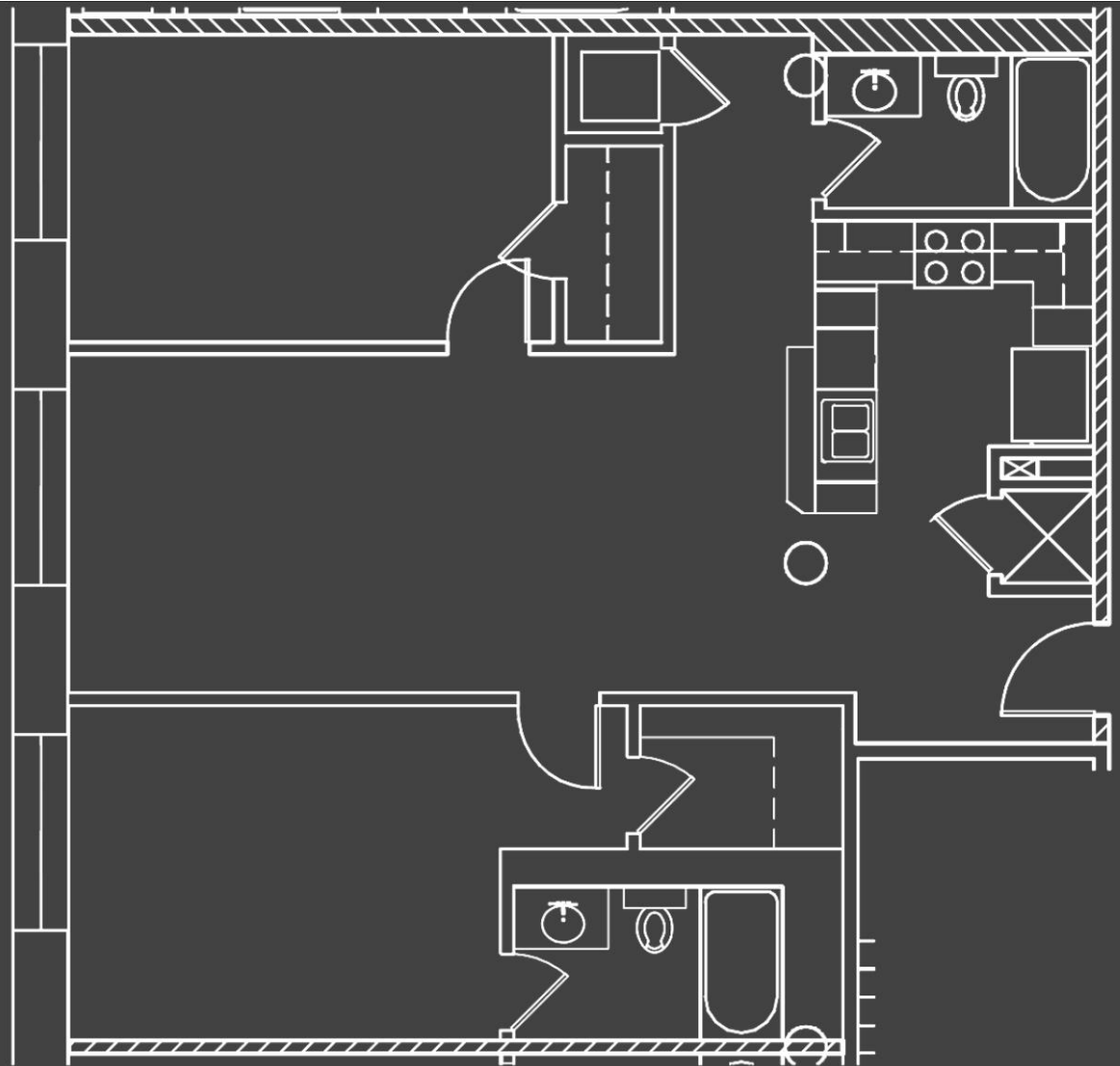
Unit 410

Type of Unit: Condominium

Square feet: 997

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
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 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

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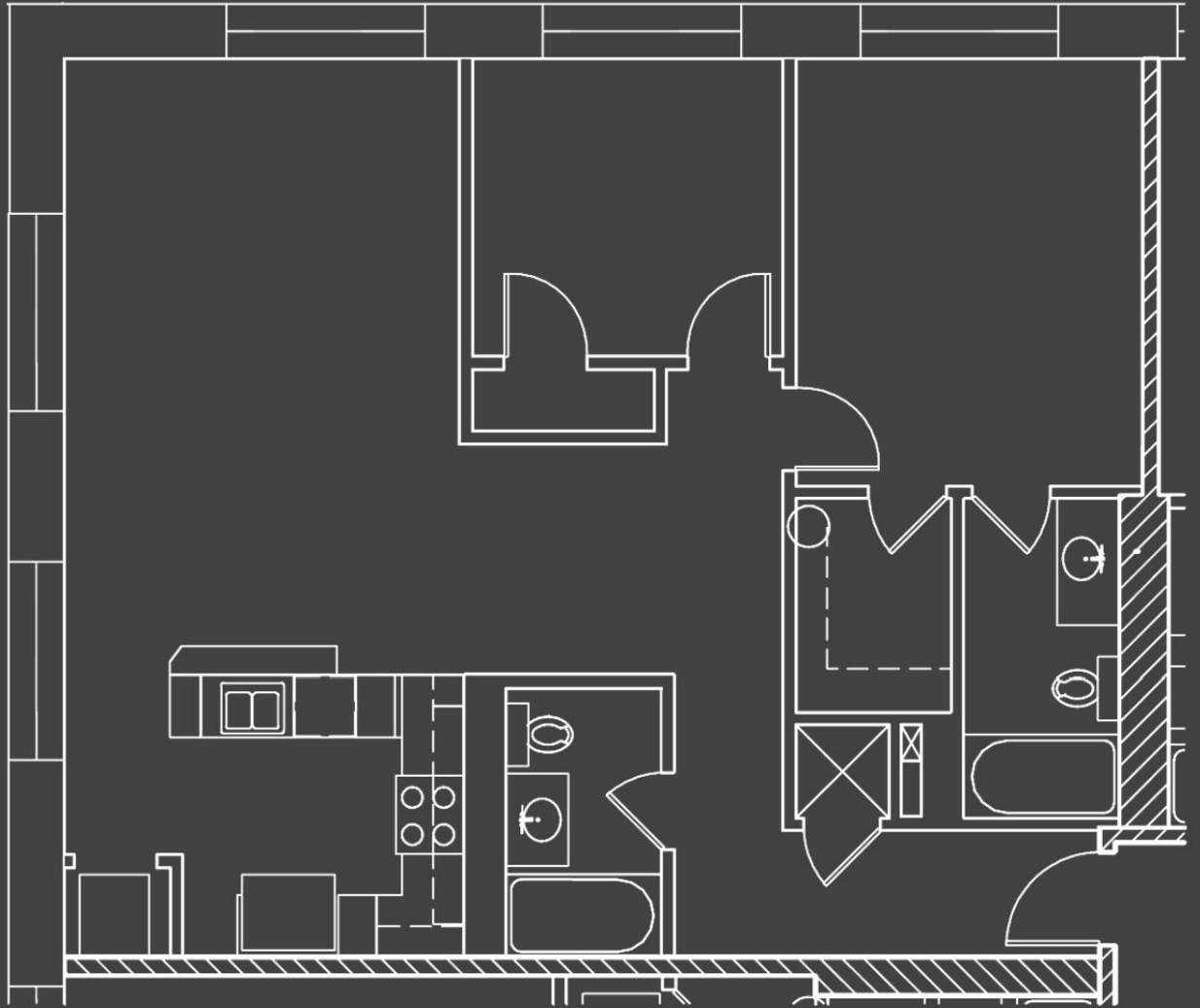
Unit 411

Type of Unit: Condominium

Square feet: 990

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

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Required Attachments:

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 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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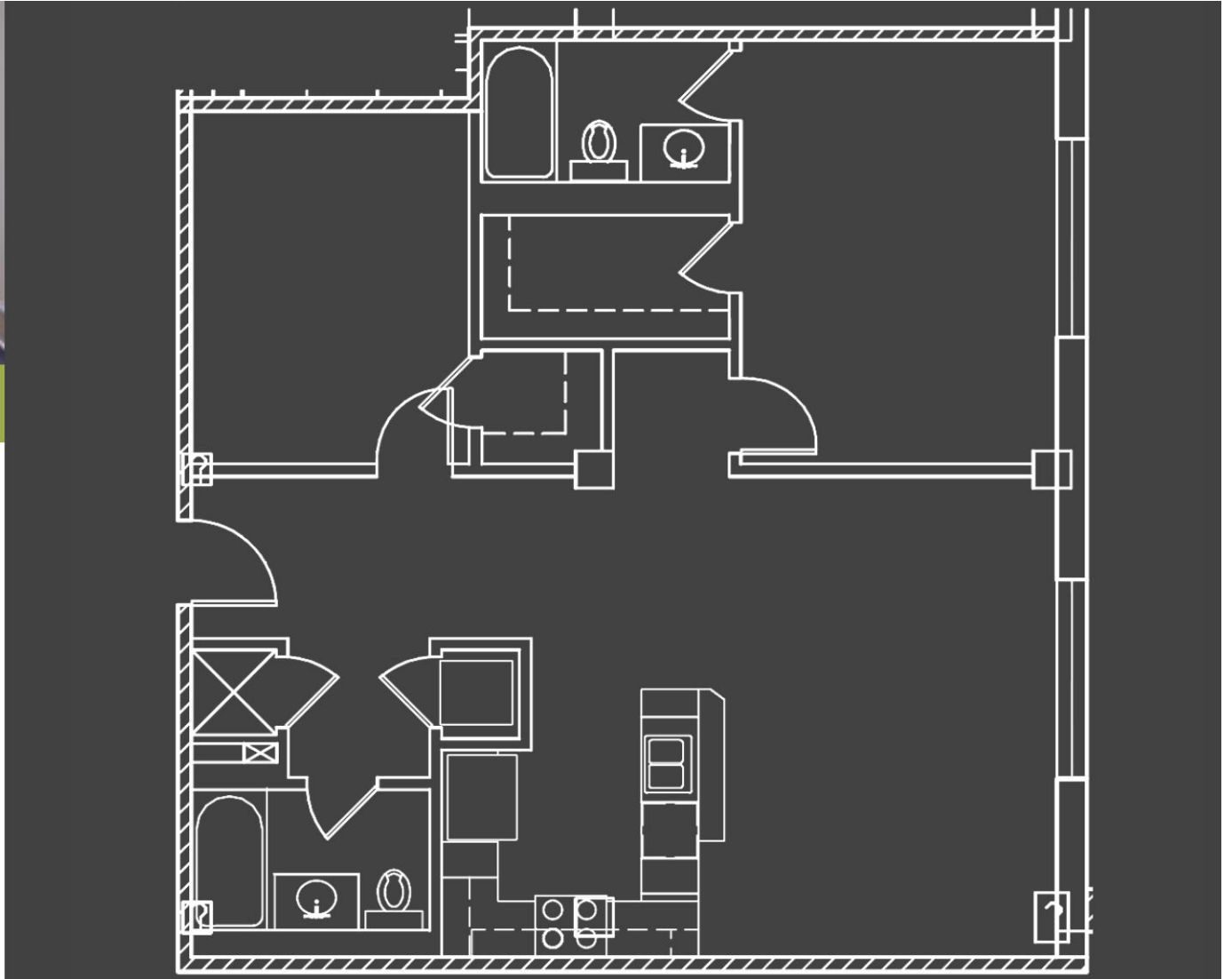
Unit 426

Type of Unit: Condominium

Square feet: 932

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

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Mailing Address: _____

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Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

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Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

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Required Attachments:

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 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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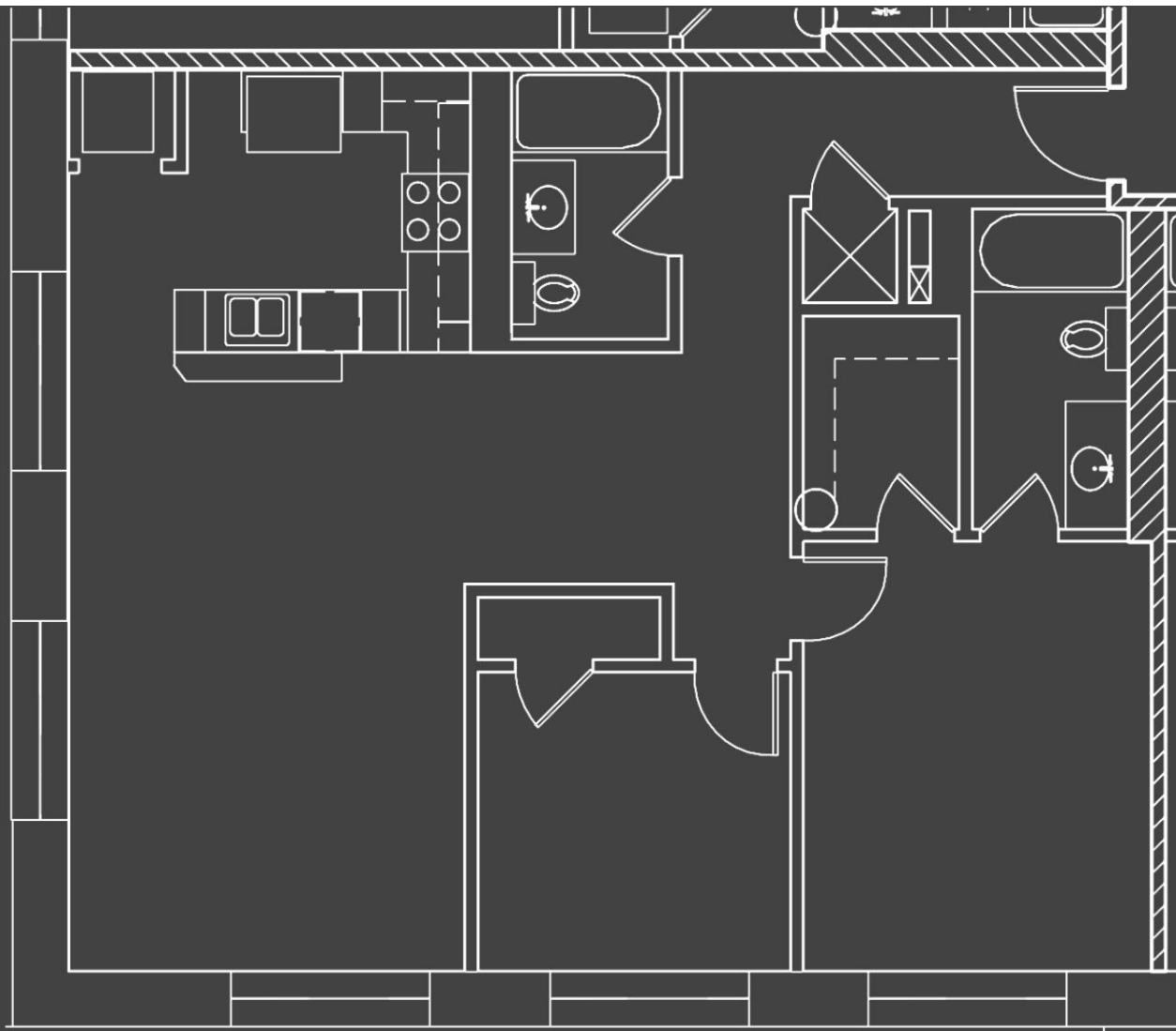
Unit 507

Type of Unit: Condominium

Square feet: 990

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

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Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

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Do you have a licensed operator for this STR?

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 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr, hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

RE The Dwelling Unit complies, and will comply during any Short-Term Rental of the Dwelling Unit, with all standards contained in the City's Minimum Property Maintenance Code and all health safety requirements contained in the Building Code;

RE The Dwelling Unit has working smoke detectors inside and outside every bedroom, carbon monoxide alarms outside every bedroom, and a properly maintained and charged fire extinguisher on all habitable floors;

RE The Dwelling Unit is not subject to any contractual restrictions precluding the Dwelling Unit from being used for Short-Term Rentals, including but not limited to: homeowner association agreements, condominium bylaws, restrictive covenants, or building restrictions;

RE The Owner has read, understands, and agrees to comply with all legal duties imposed by New Orleans City Code Chapter 26 and the Comprehensive Zoning Ordinance;

RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

ACKNOWLEDGEMENTS:

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope or cost of the work or use must be reported to the Department of Safety and Permits and additional permits and/or licenses may be required.

Applicant Signature: [Signature] Date: 3/31/2025



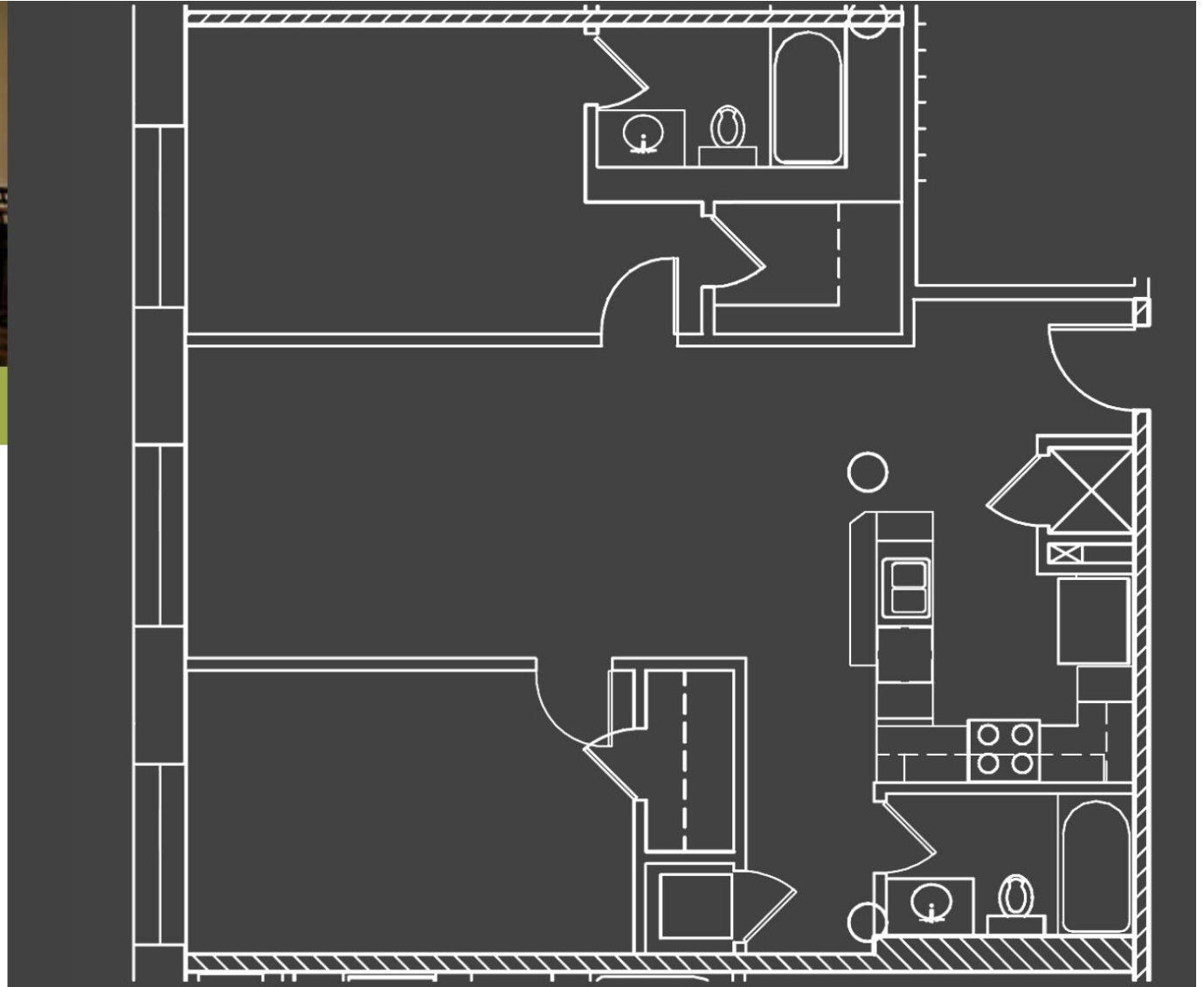
Unit 509

Type of Unit: Condominium

Square feet: 997

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

INSTRUCTIONS

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
- ☐ An evacuation plan indicating:
 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
- ☐ A Security and Operations Plan
- ☐ A Sanitation Plan
- ☐ A floor plan depicting all:
 - Entrance and exit doors
 - Windows
 - Guest bedrooms and bathrooms
 - Owner-only bedrooms and bathrooms
 - Kitchens
 - Interior Doors



Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

ATTESTATIONS:

I, Robert J. Ellis, Jr., hereby certify that:

Initial Below:

RE The Dwelling Unit has no outstanding property taxes or City liens associated with the lot-of-record, nor does the owner owe any other outstanding taxes to the City, including taxes and fees owed in connection with Short-Term Rentals;

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RE The Owner possesses insurance that meets the requirements of City Code Sec. 26-618(A)(1);

RE The Owner will not discriminate in guest use or rental of a Short-Term Rental, and will comply with all applicable anti-discrimination laws, including but not limited to: Title VII of the Civil Rights Act of 1968, the Fair Housing Act (FHA), and the Americans with Disabilities Act (ADA).

Applicant Signature: [Signature] Date: 3/31/2025

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Applicant Signature: [Signature] Date: 3/31/2025



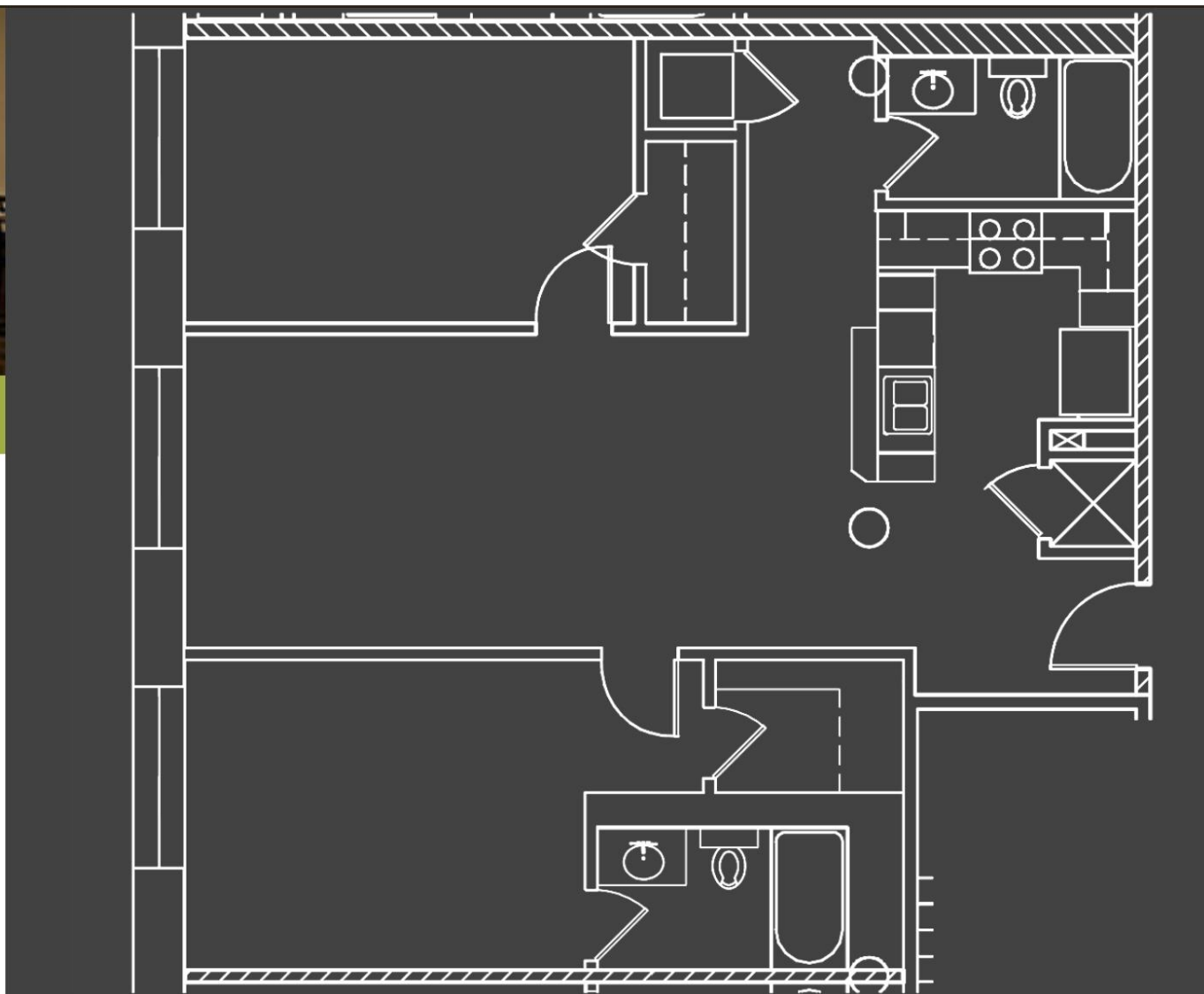
Unit 510

Type of Unit: Condominium

Square feet: 997

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Telephone: _____ Email: _____

STR UNIT INFORMATION

Mailing Address: _____

Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

Number of Guest Bedrooms in STR Unit: _____ Number of Guests: _____

OPERATOR INFORMATION

Do you have a licensed operator for this STR?

Yes _____ In Process _____

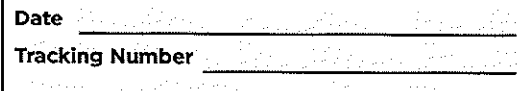
License # _____ Reference # _____

No _____

(Permit will not be issued without Licensed Operator)

Required Attachments:

- ☐ A list of Platforms that will be used to solicit booking transactions for the STR, and correlating print-outs or URL links
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 - Fire exits and escape routes
 - Location of all smoke detectors, fire extinguishers, and carbon monoxide detectors
- ☐ A site plan showing all required parking
- ☐ A Noise Abatement Plan
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 - Kitchens
 - Interior Doors



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Date:

3/31/2025

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Applicant Signature:

Date:

3/31/2025



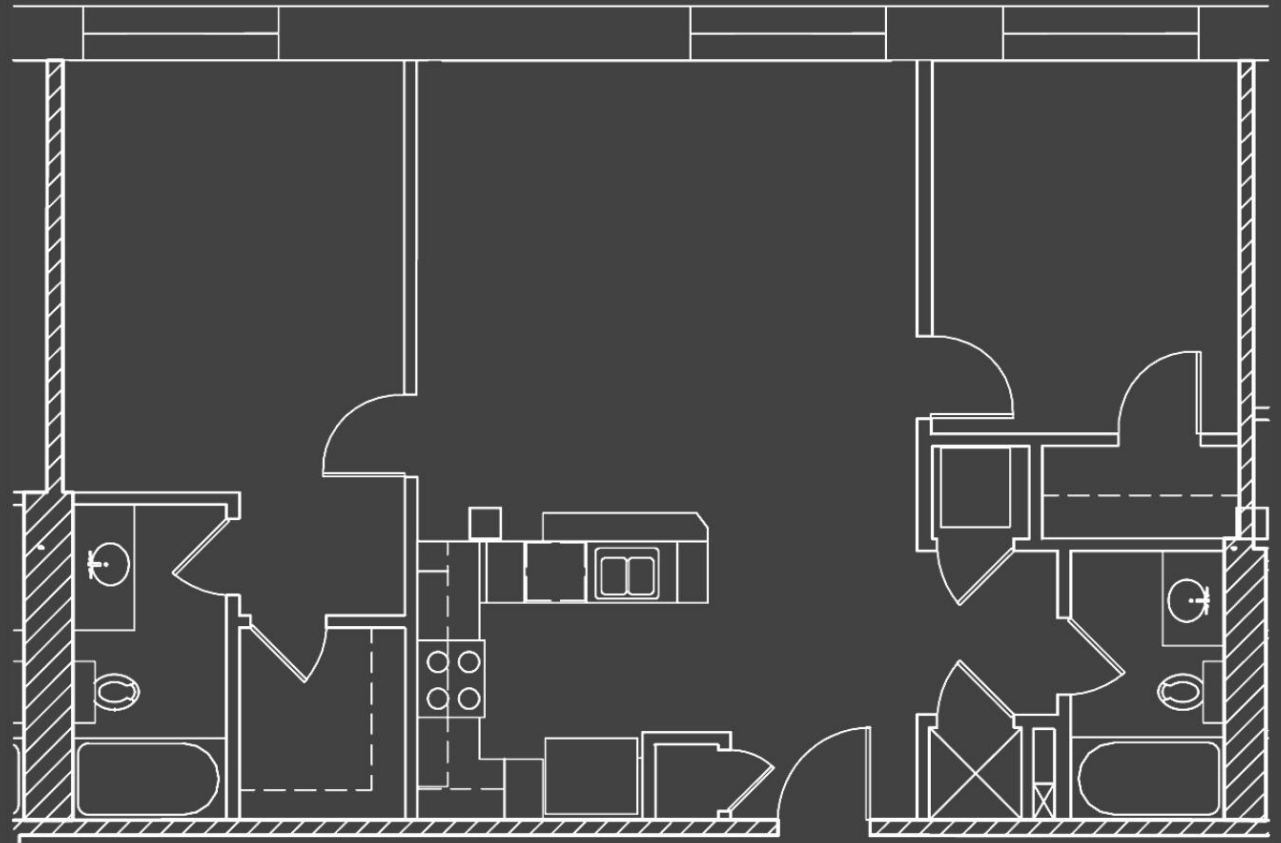
Unit 513

Type of Unit: Condominium

Square feet: 942

Bedrooms: 2

Bathrooms: 2.0





Date	_____
Tracking Number	_____

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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Unit/Apt/Suite Number (if applicable): _____ Zip Code: _____

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Yes _____ In Process _____

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Date	3/31/2025
Tracking Number	2025-0000000000

COMMERCIAL SHORT TERM RENTAL OWNER'S PERMIT (CSTR)

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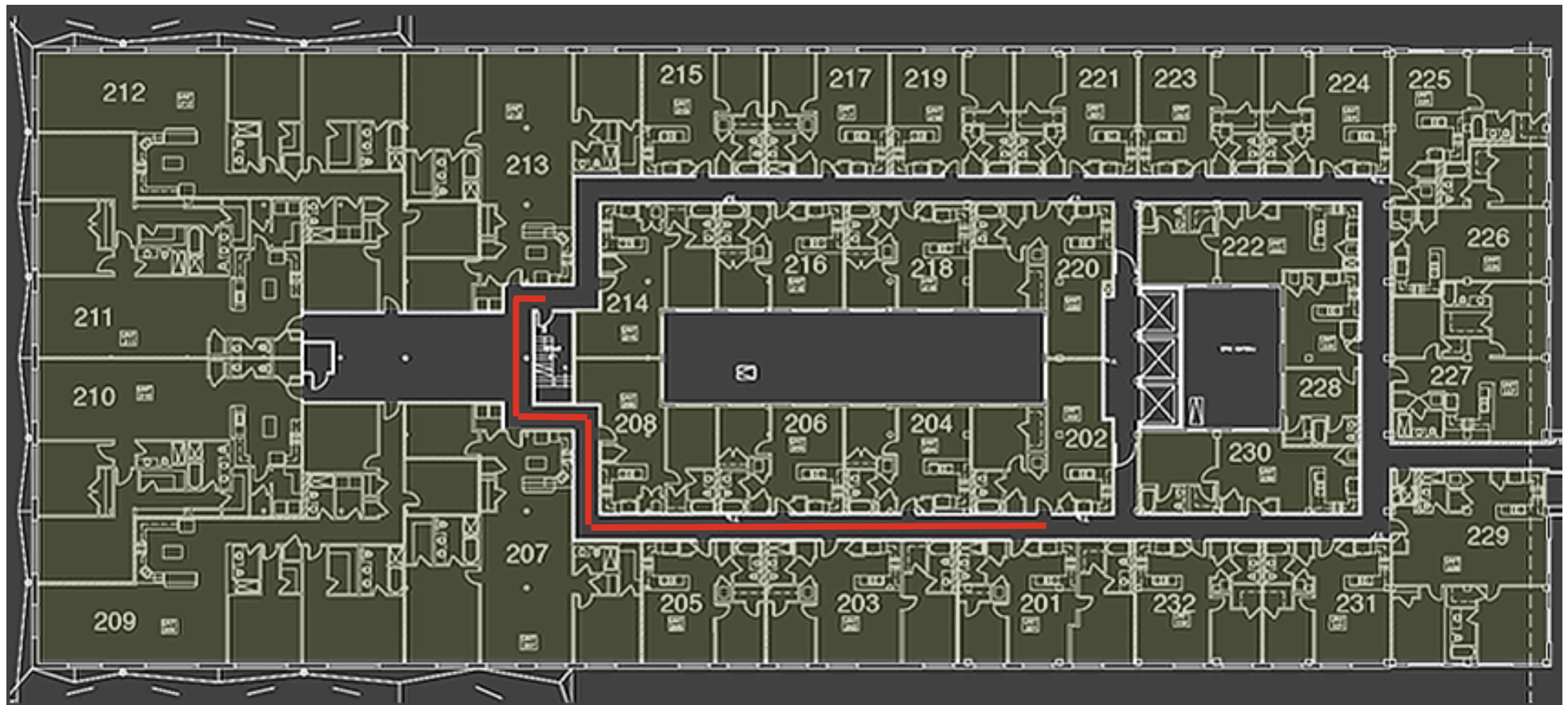
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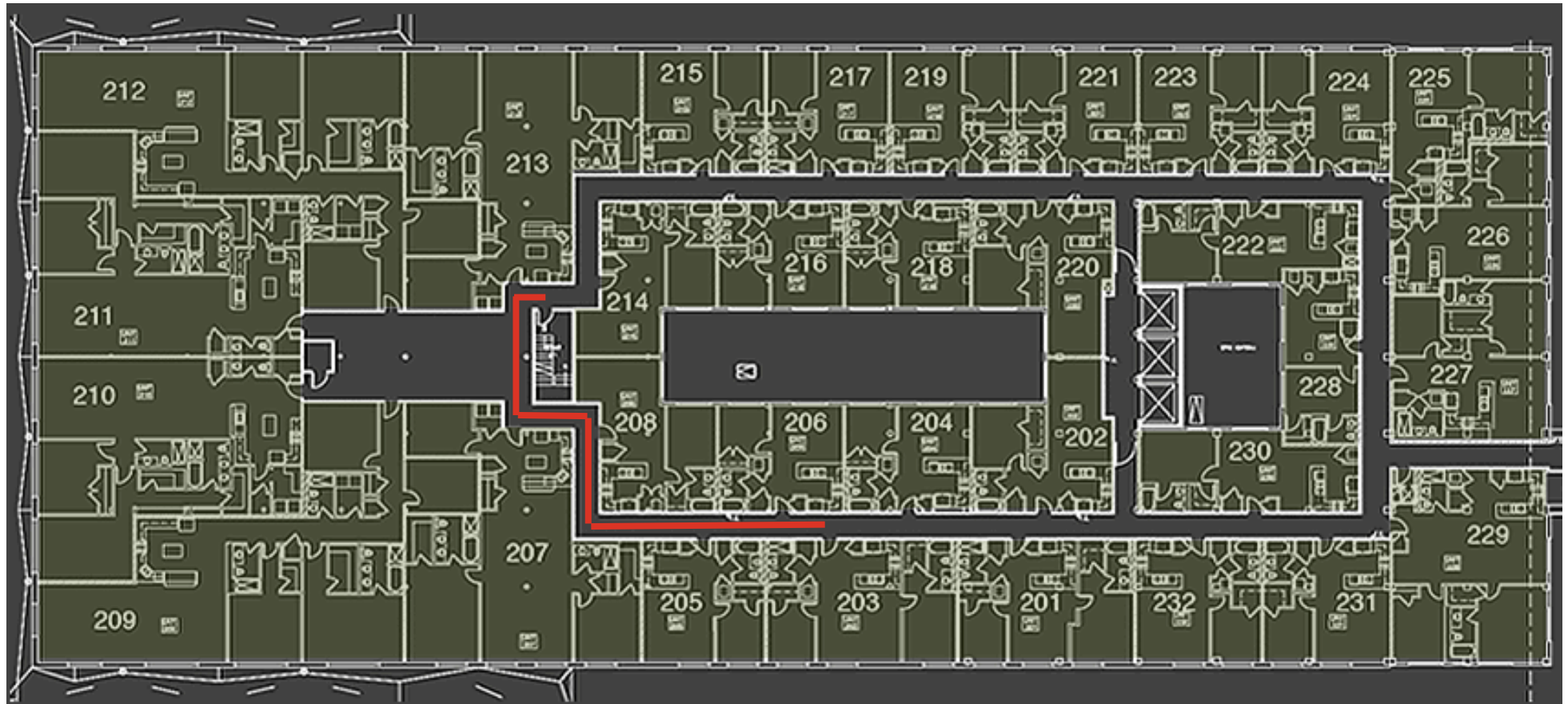
Applicant Signature: [Signature] Date: 3/31/2025

FLOOR PLANS

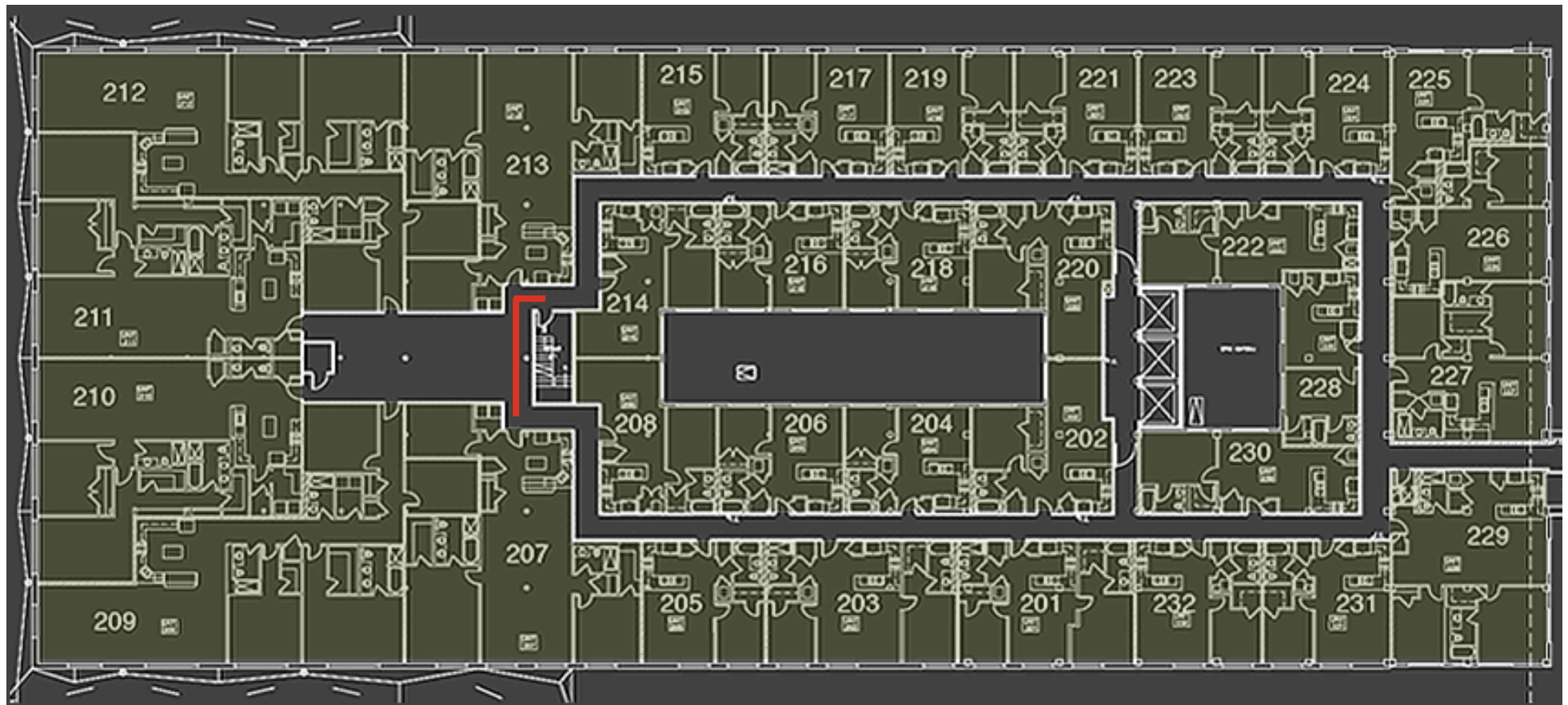
Unit #202



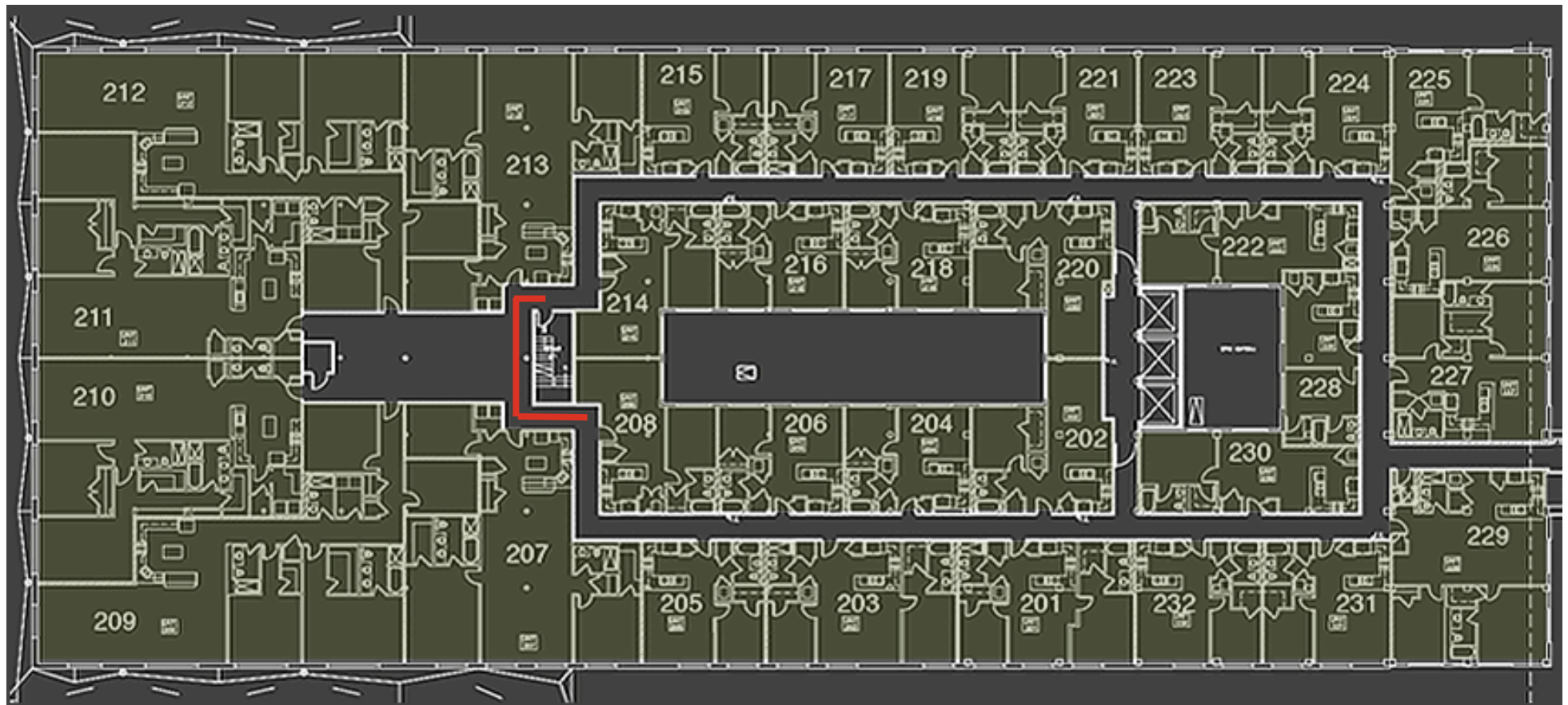
Unit #203



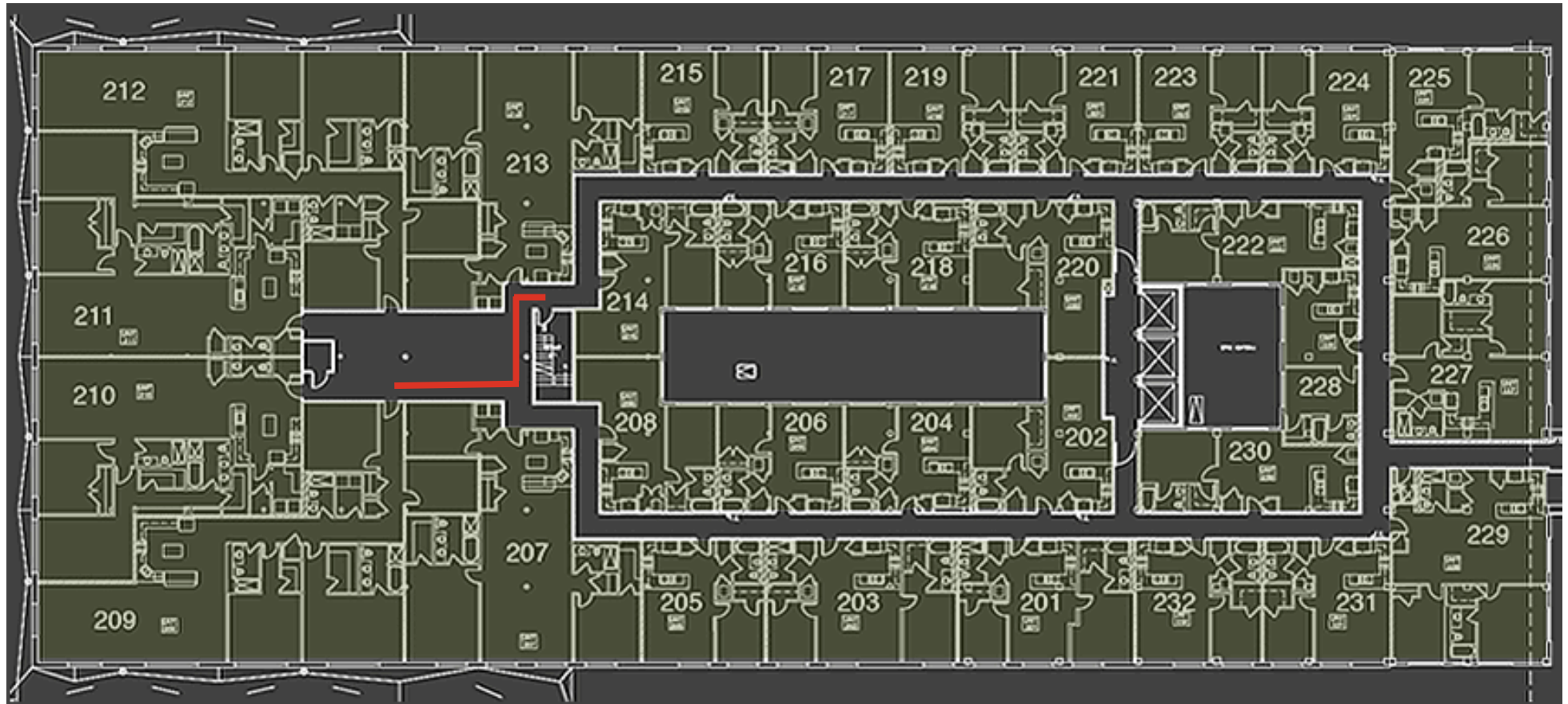
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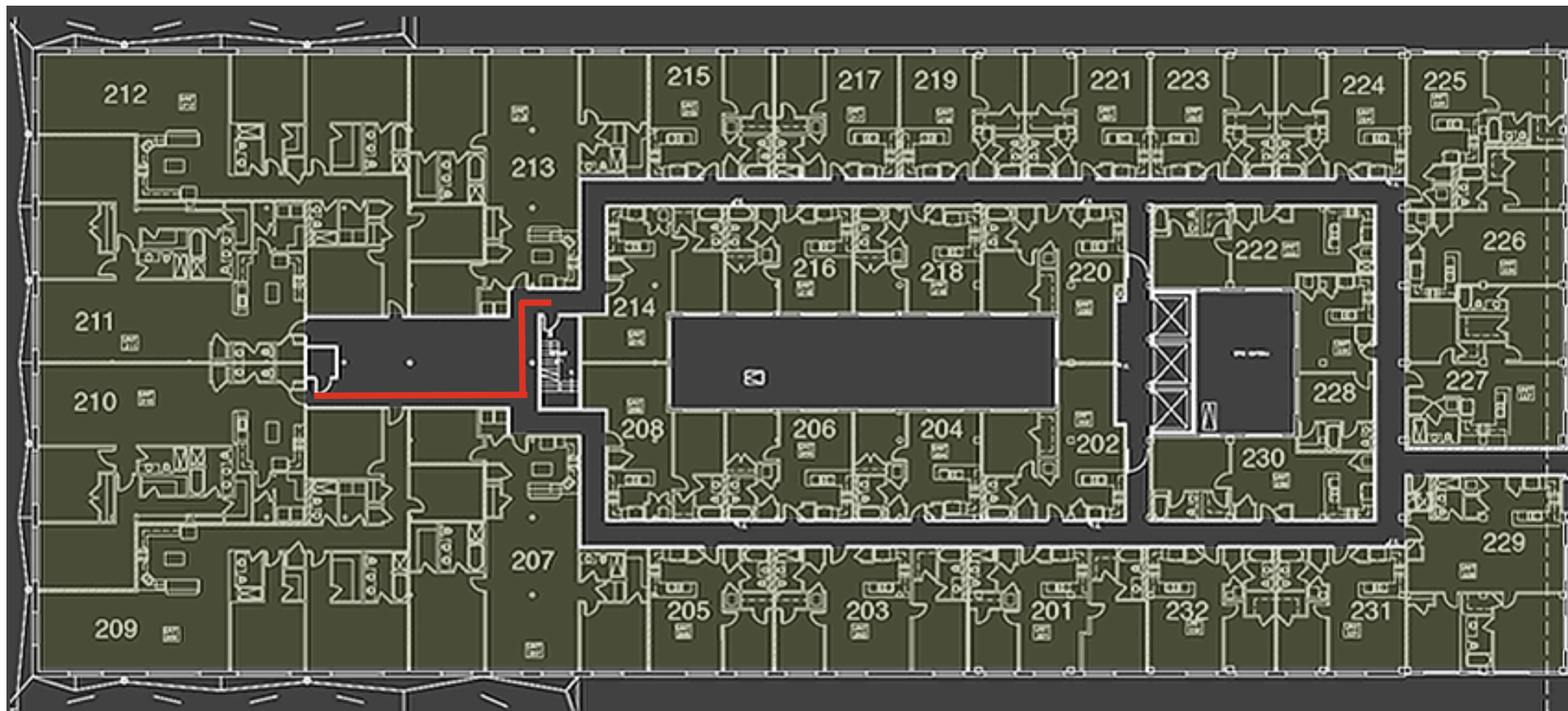
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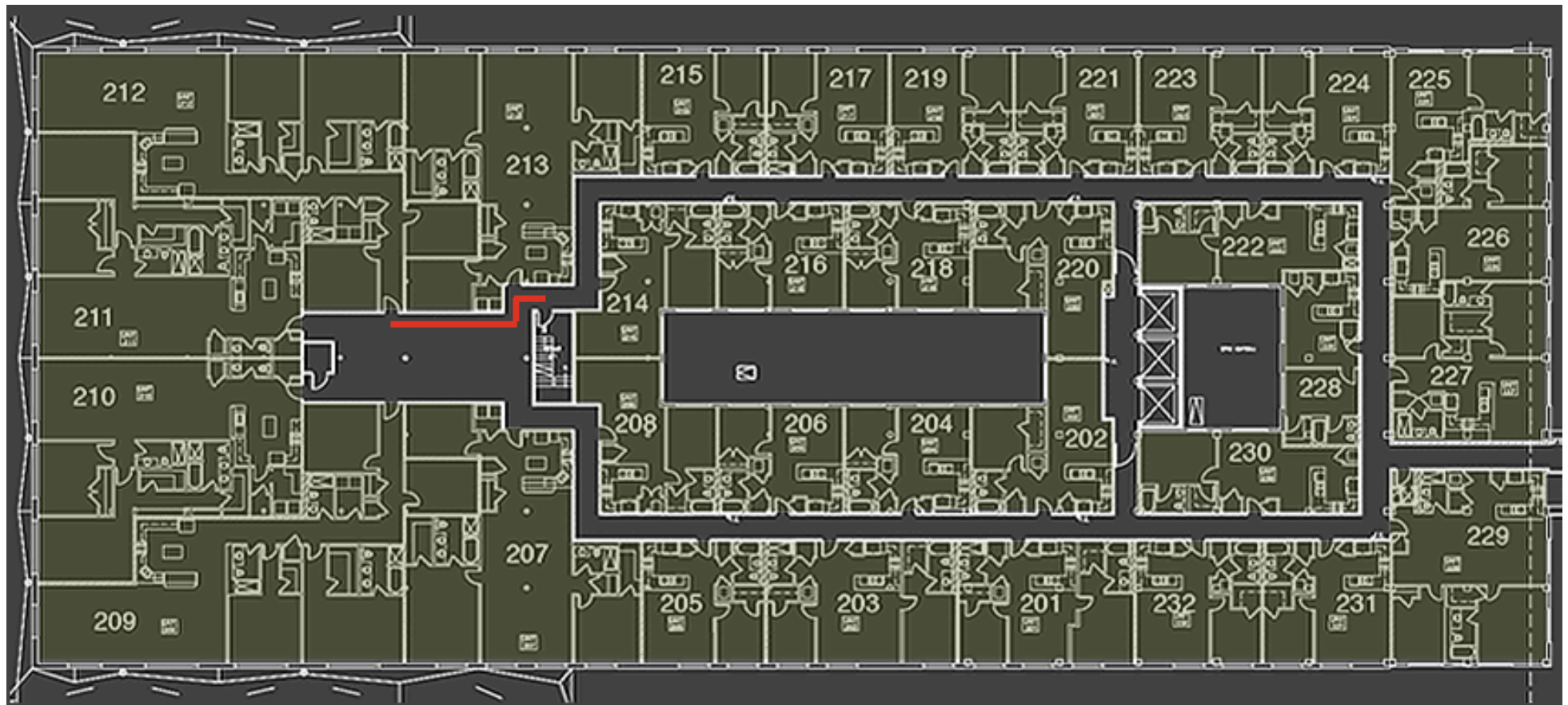
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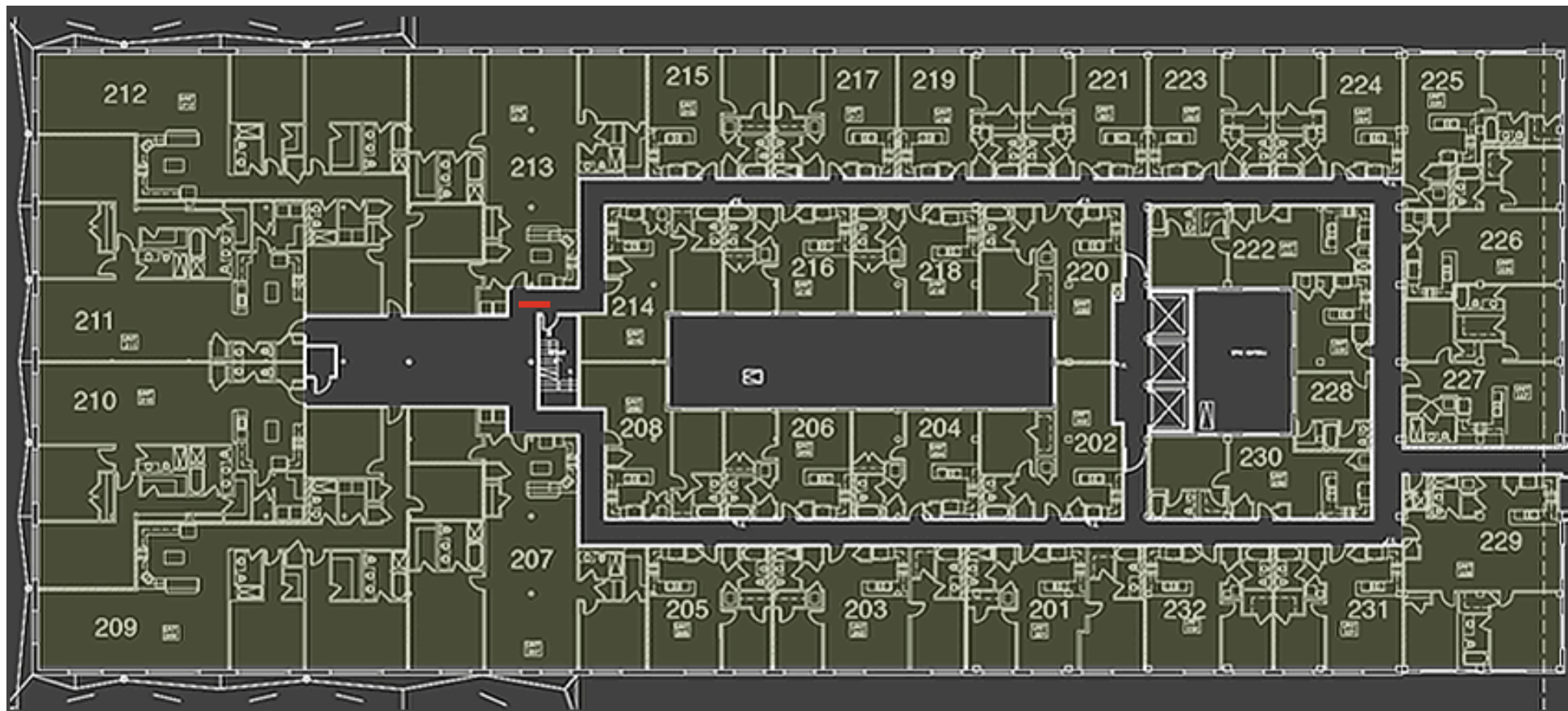
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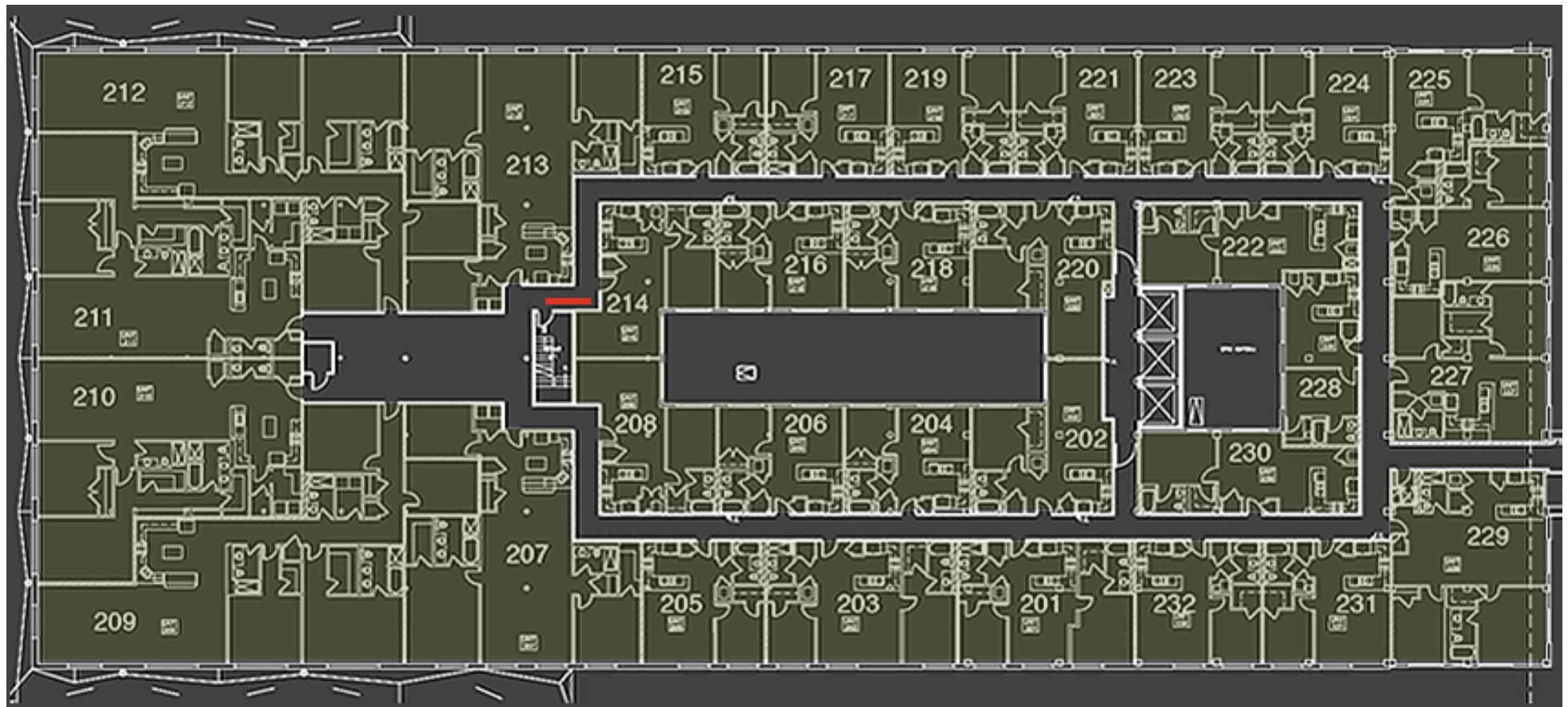
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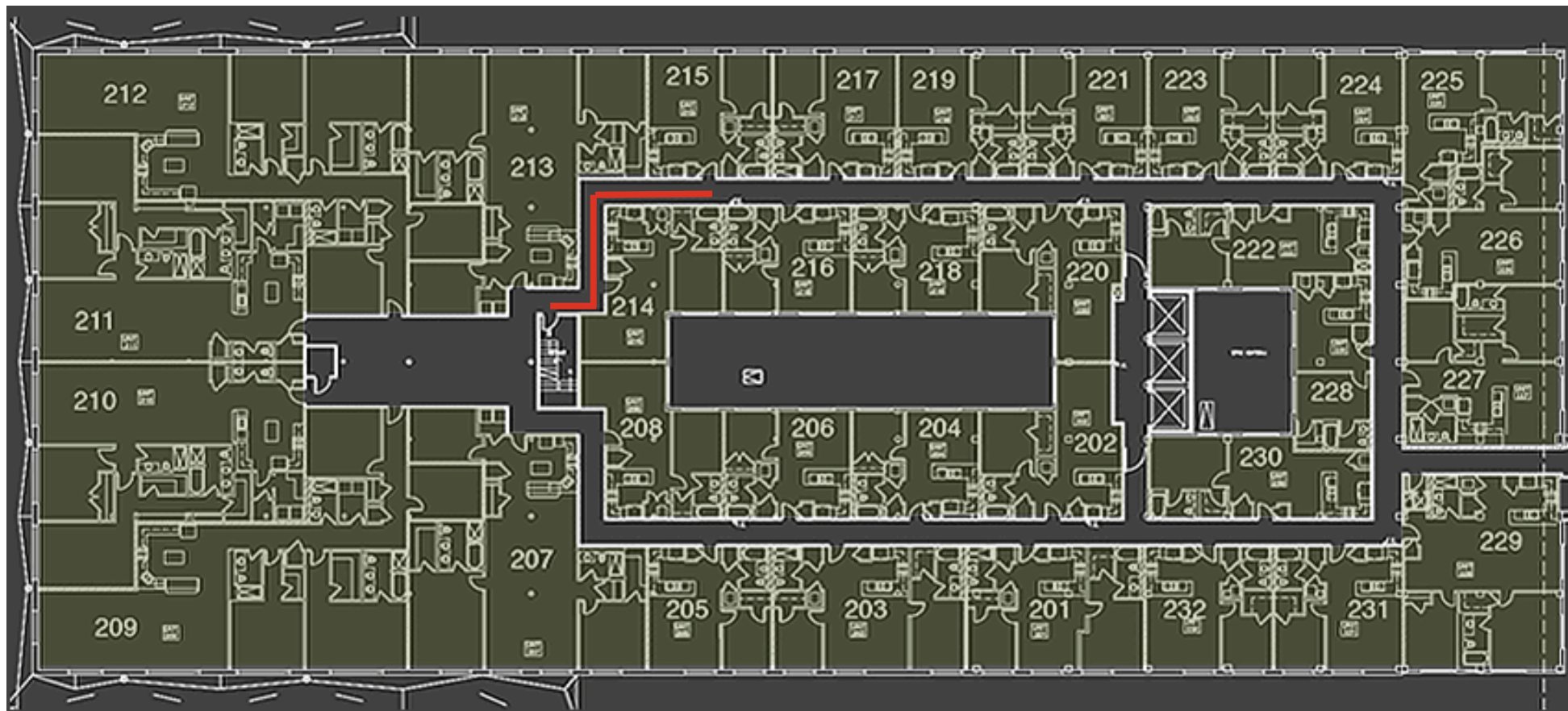
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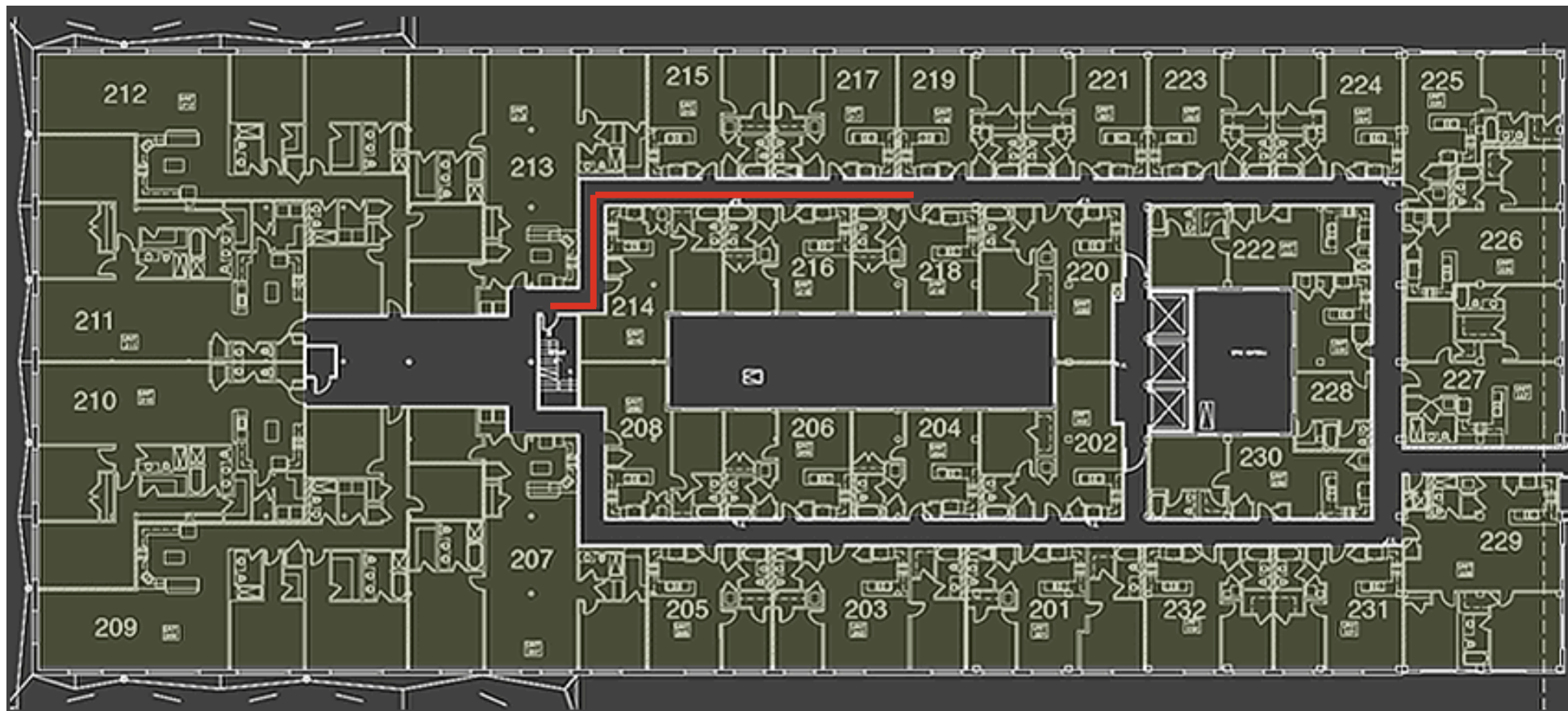
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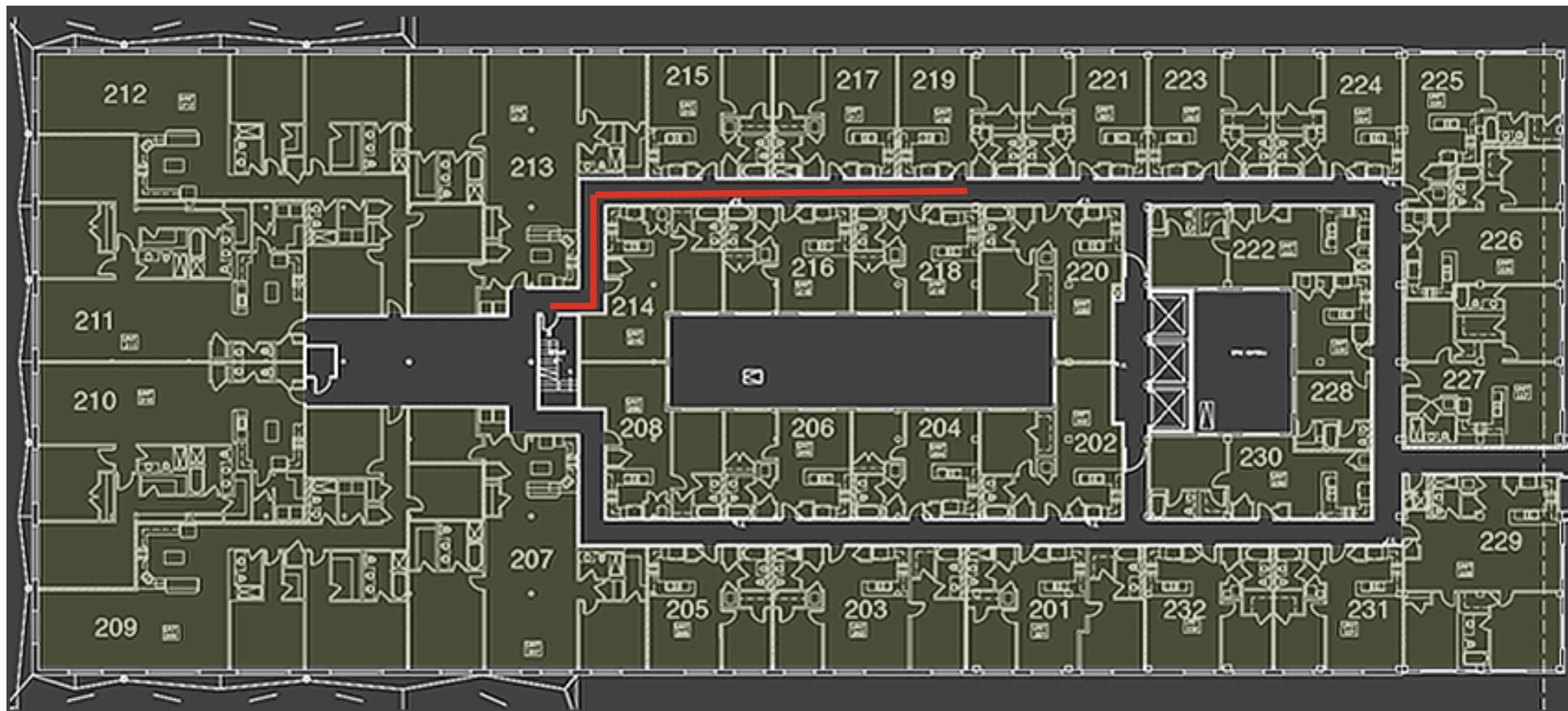
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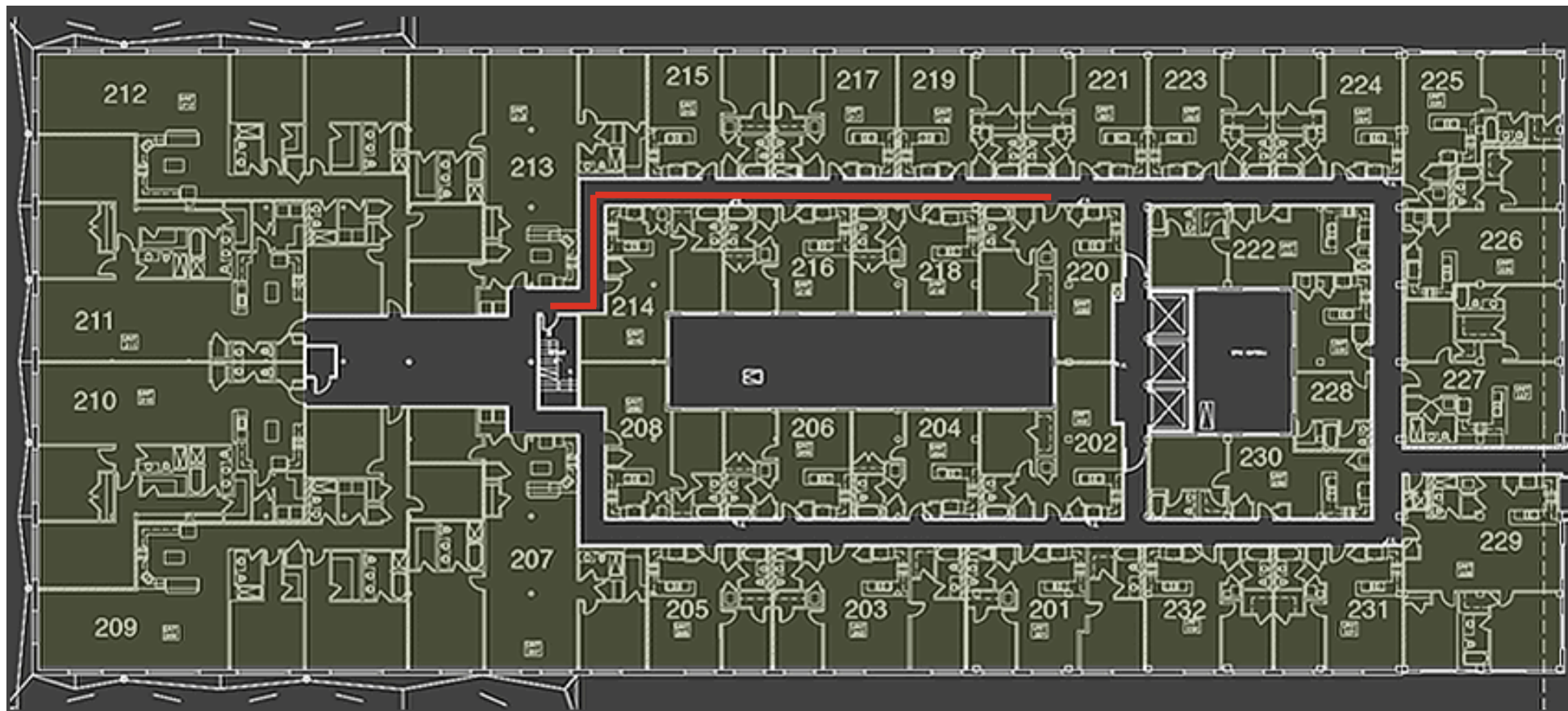
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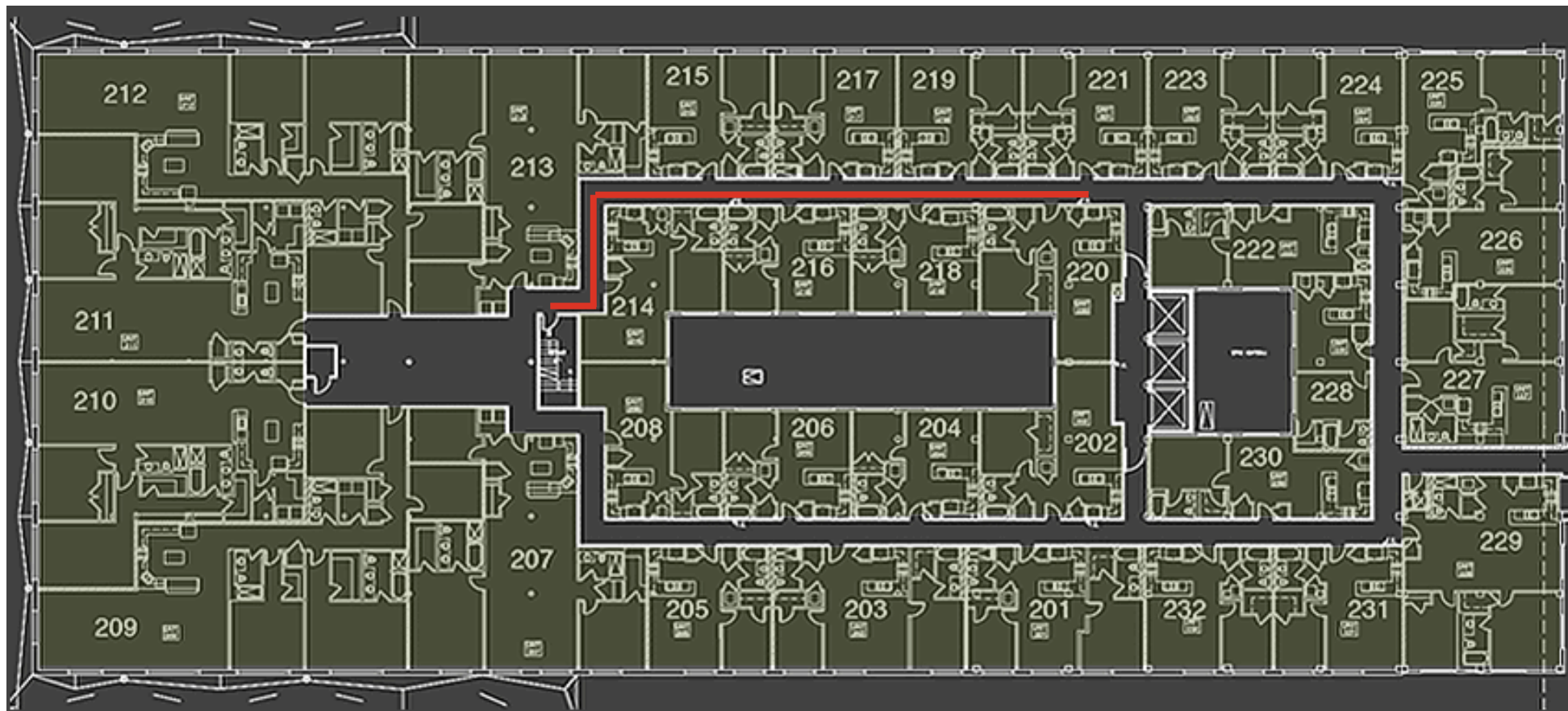
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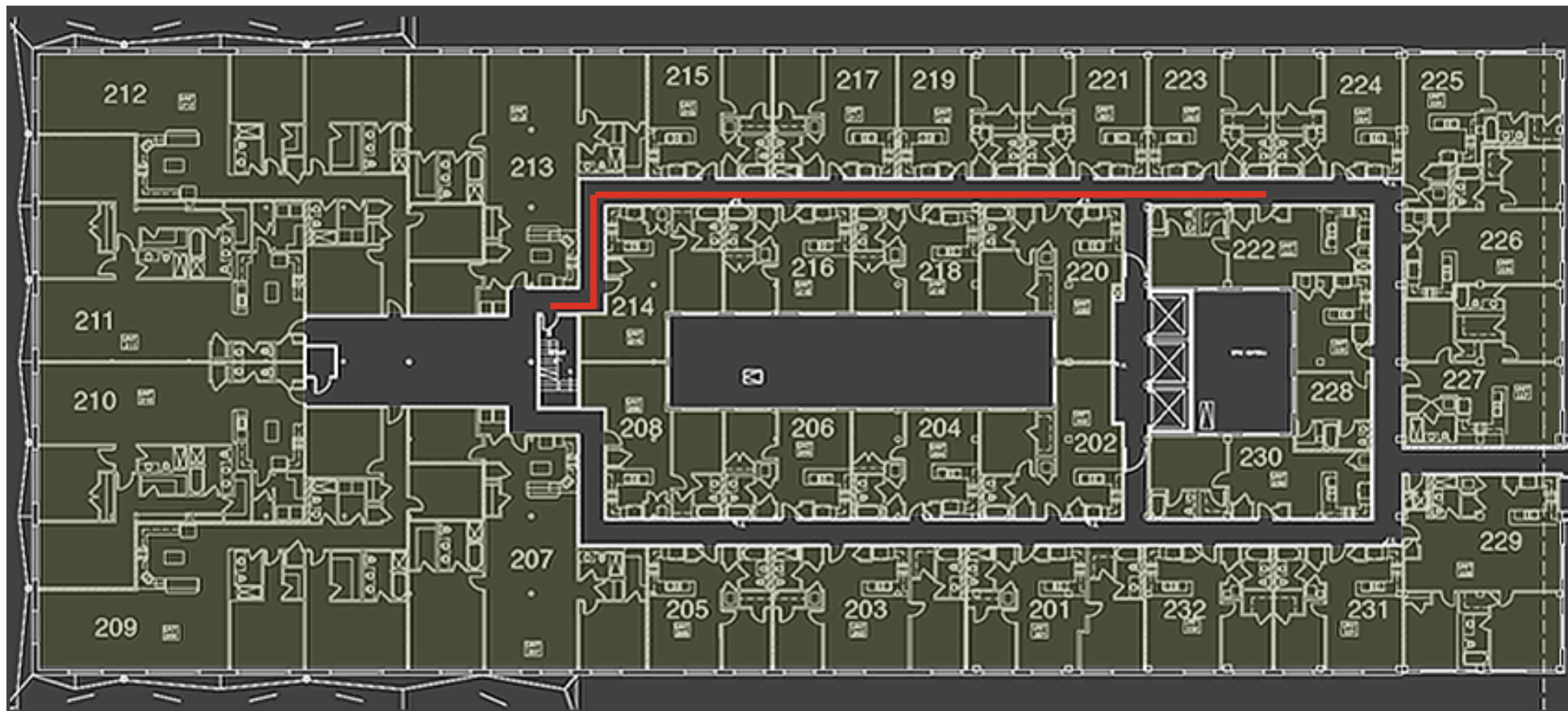
Unit #220



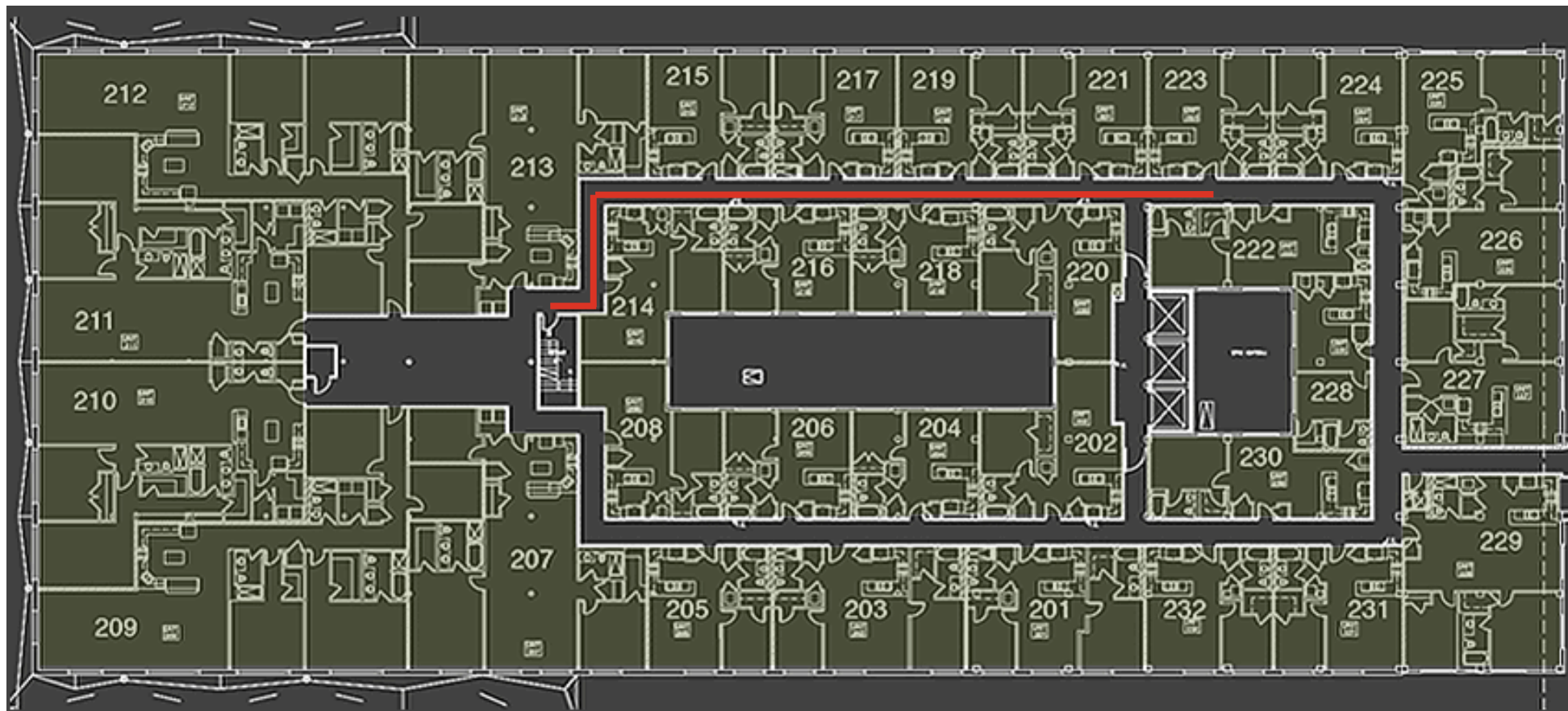
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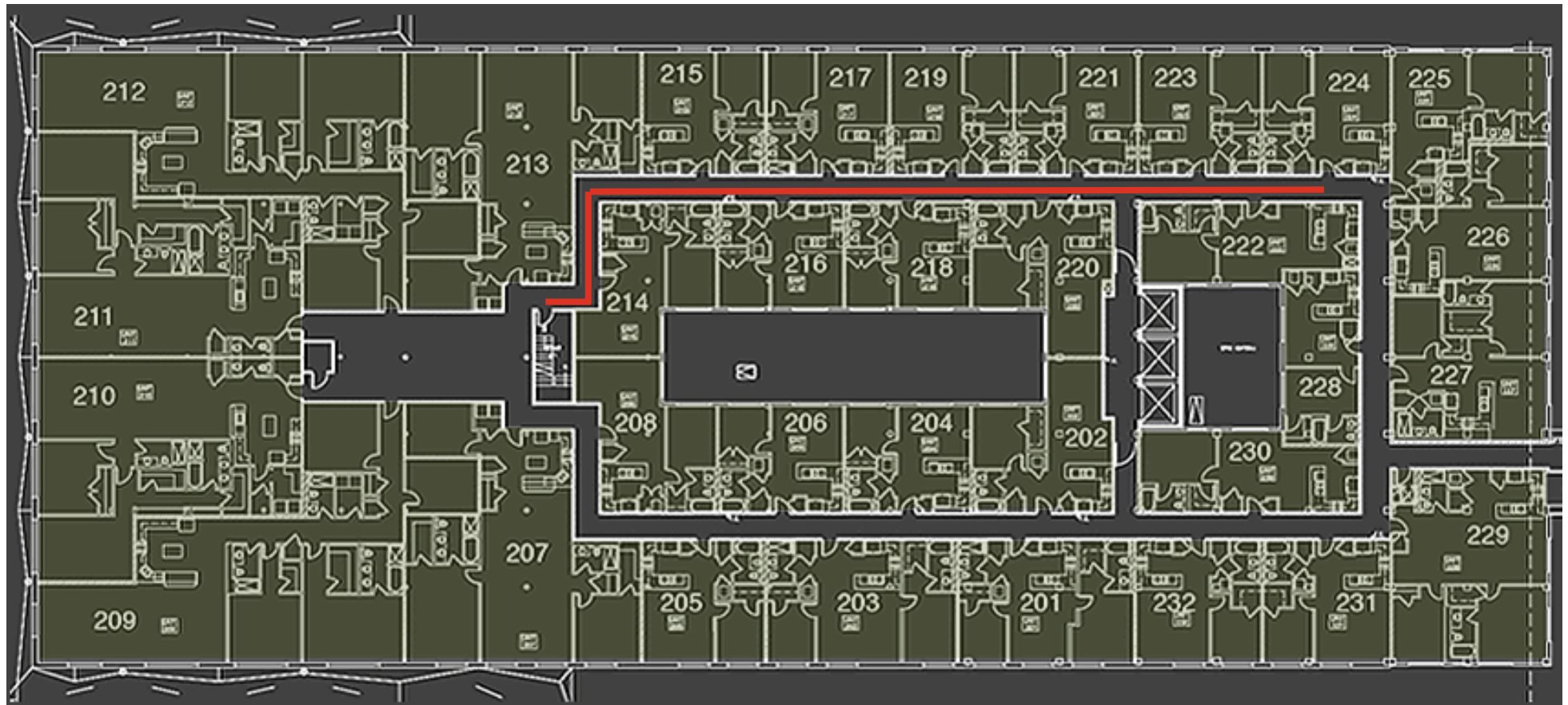
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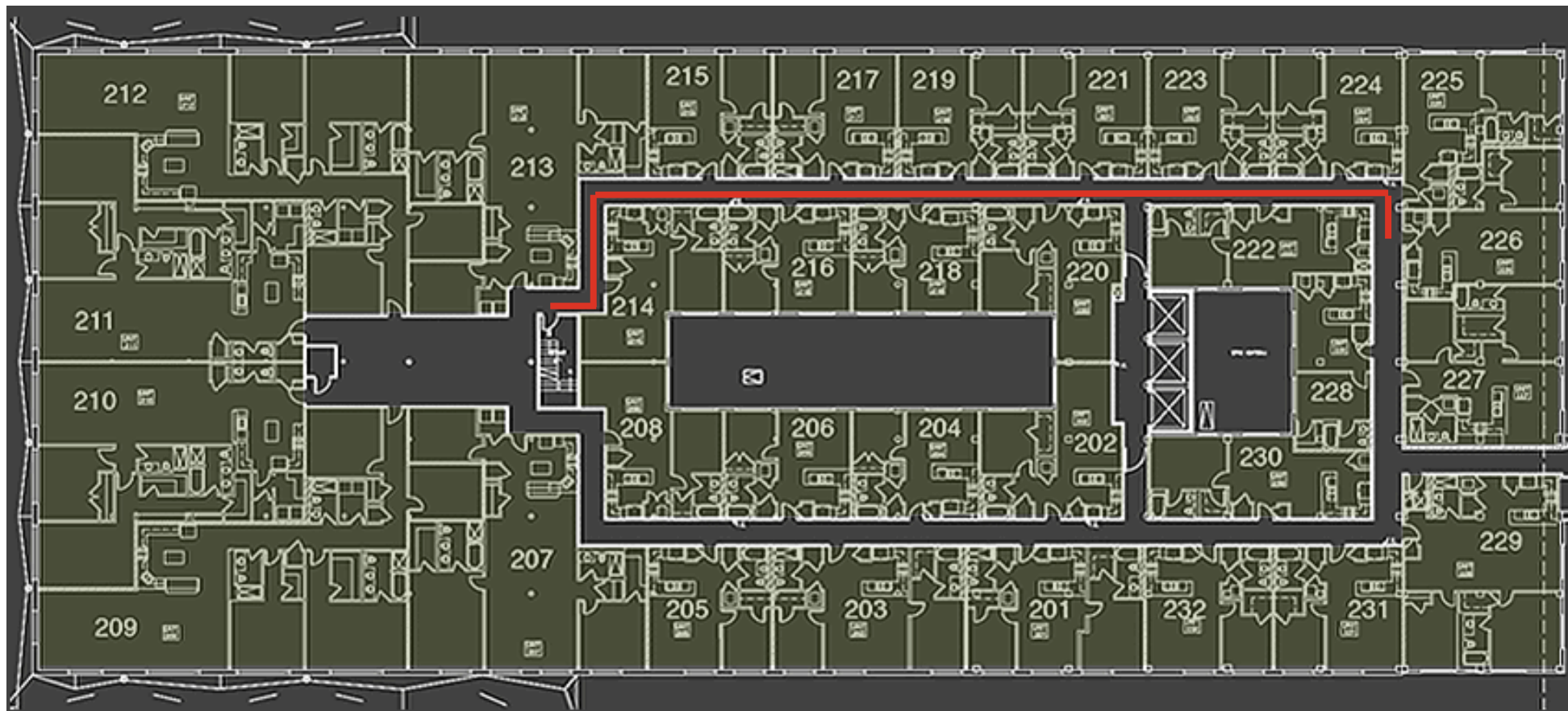
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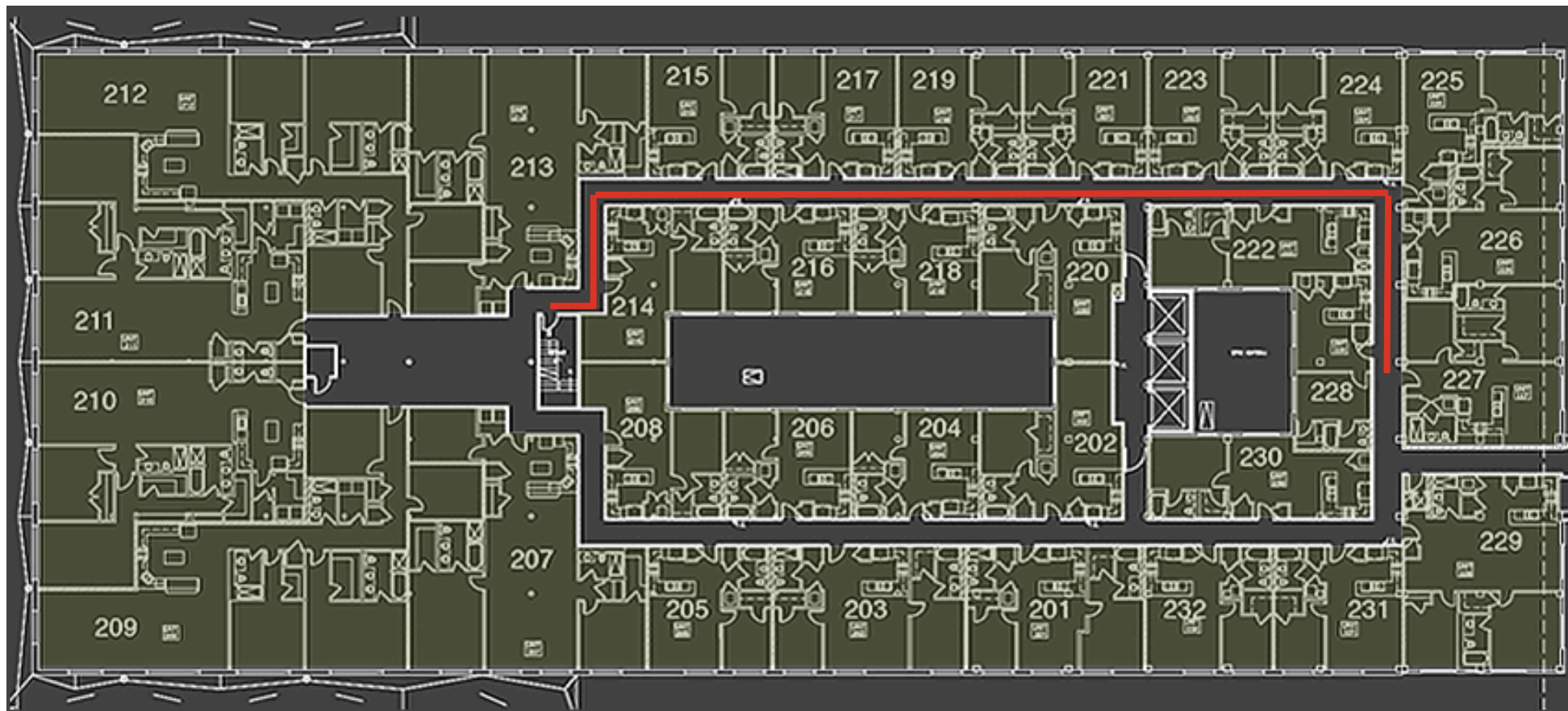
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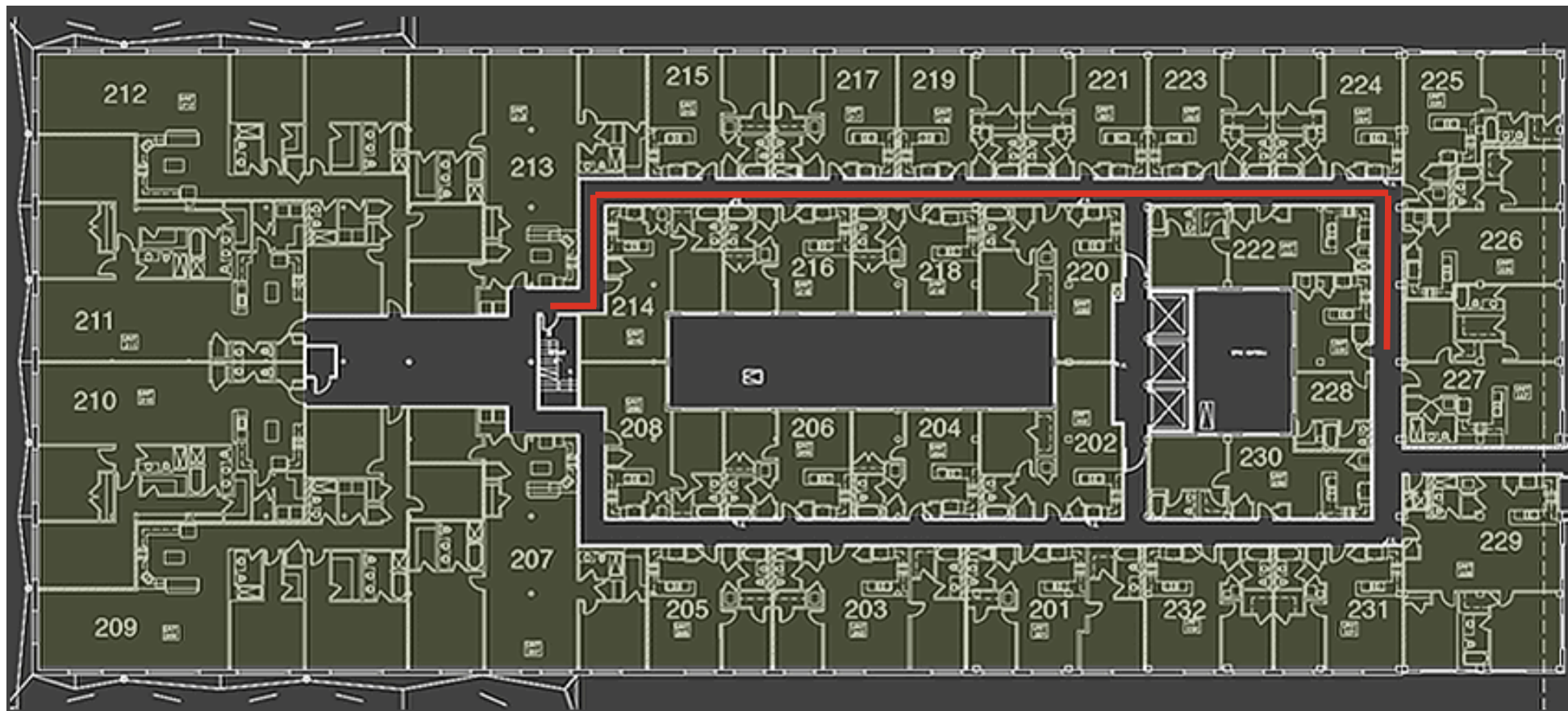
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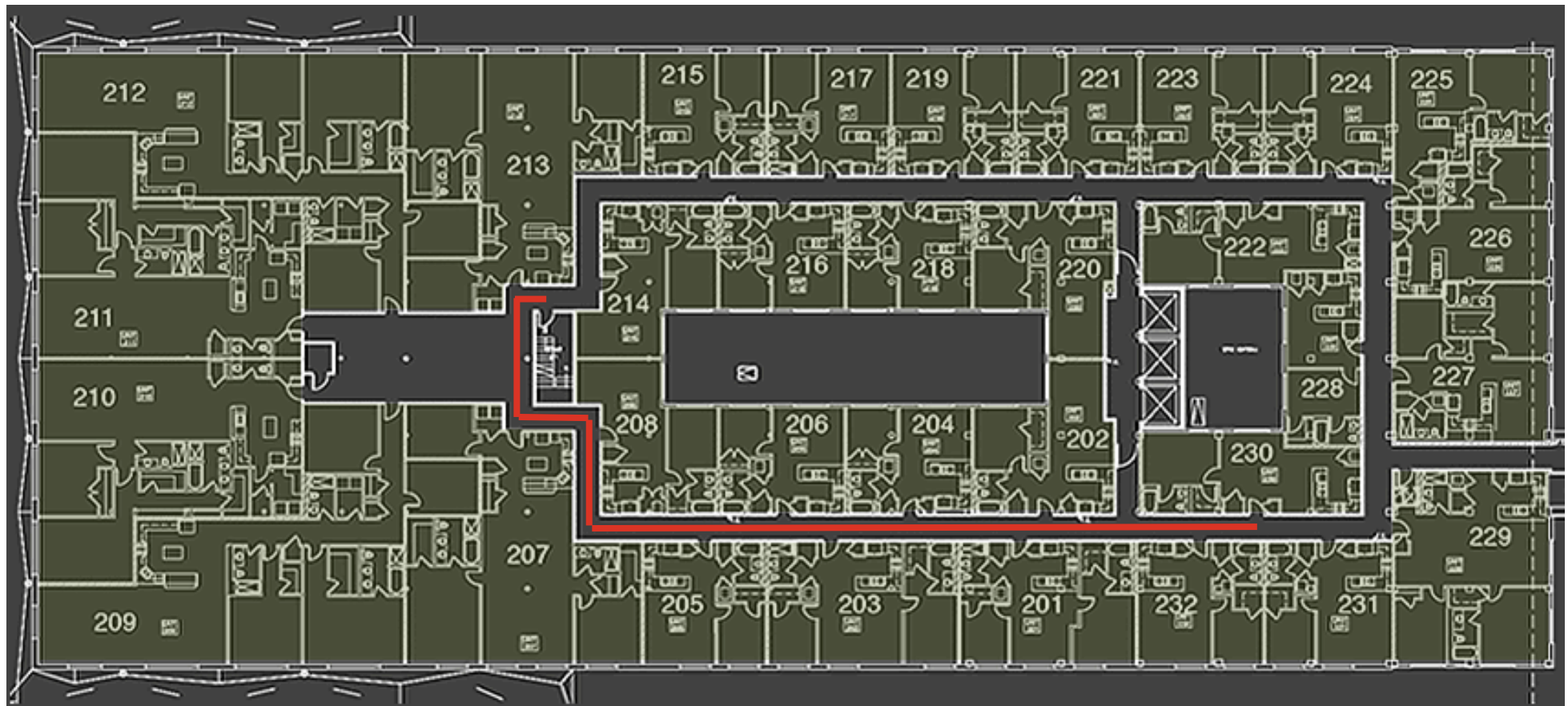
Unit #227



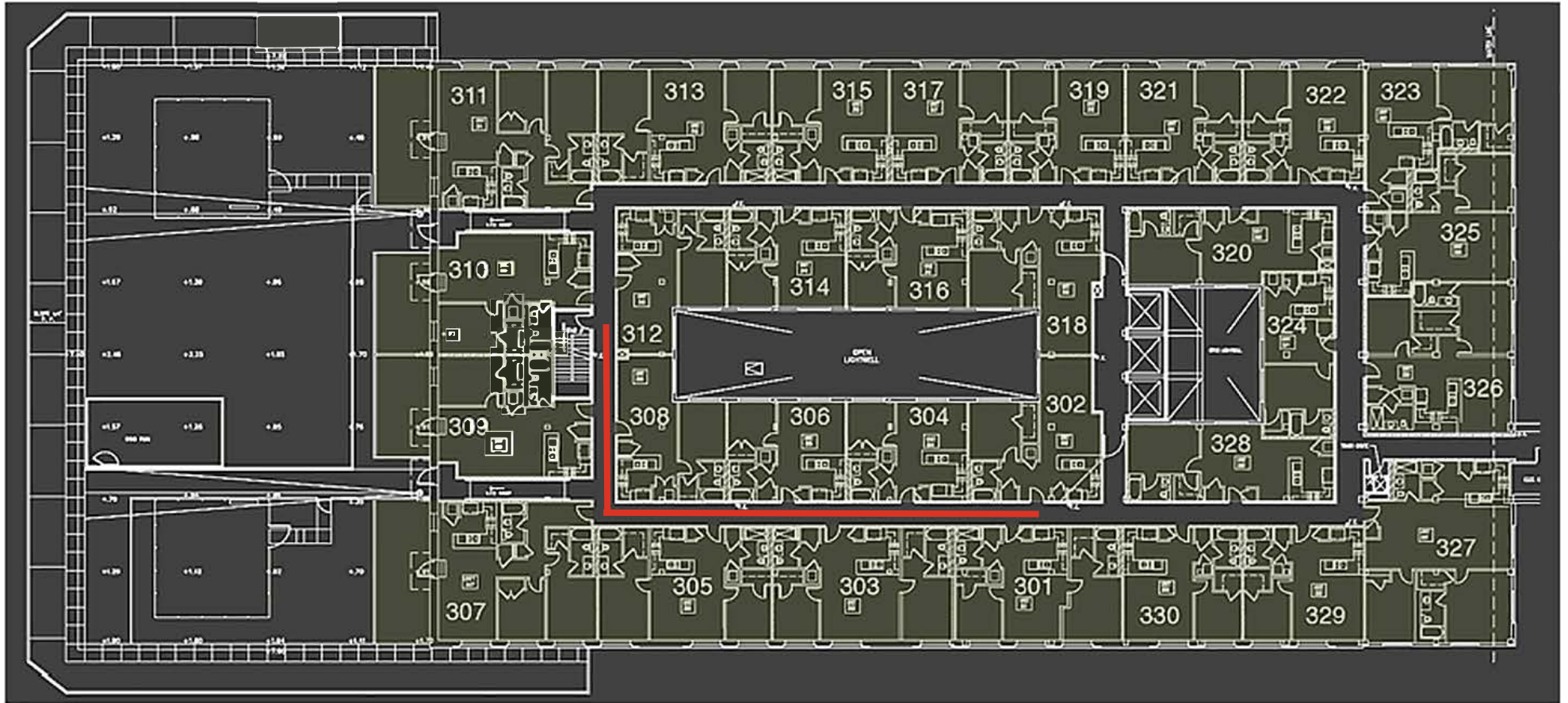
Unit #228



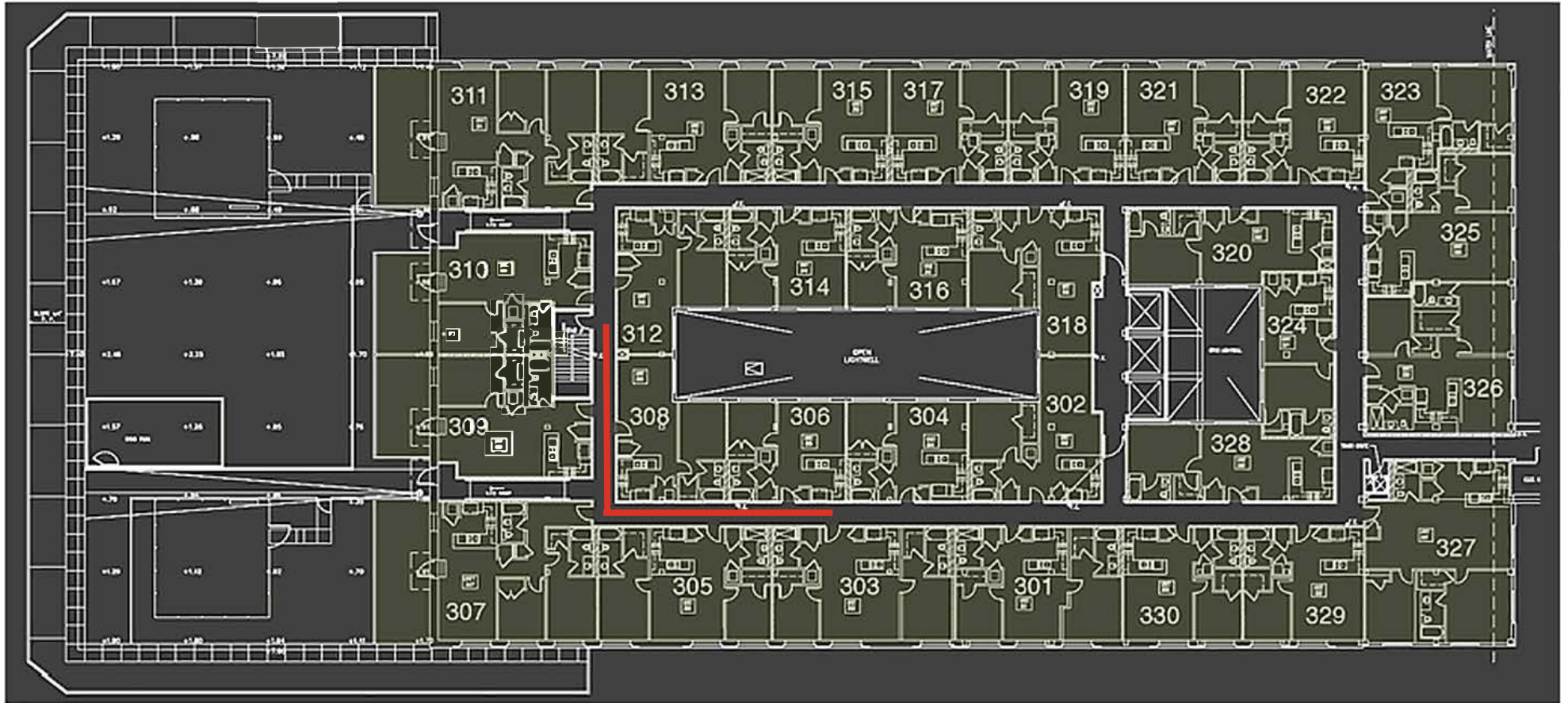
Unit #230



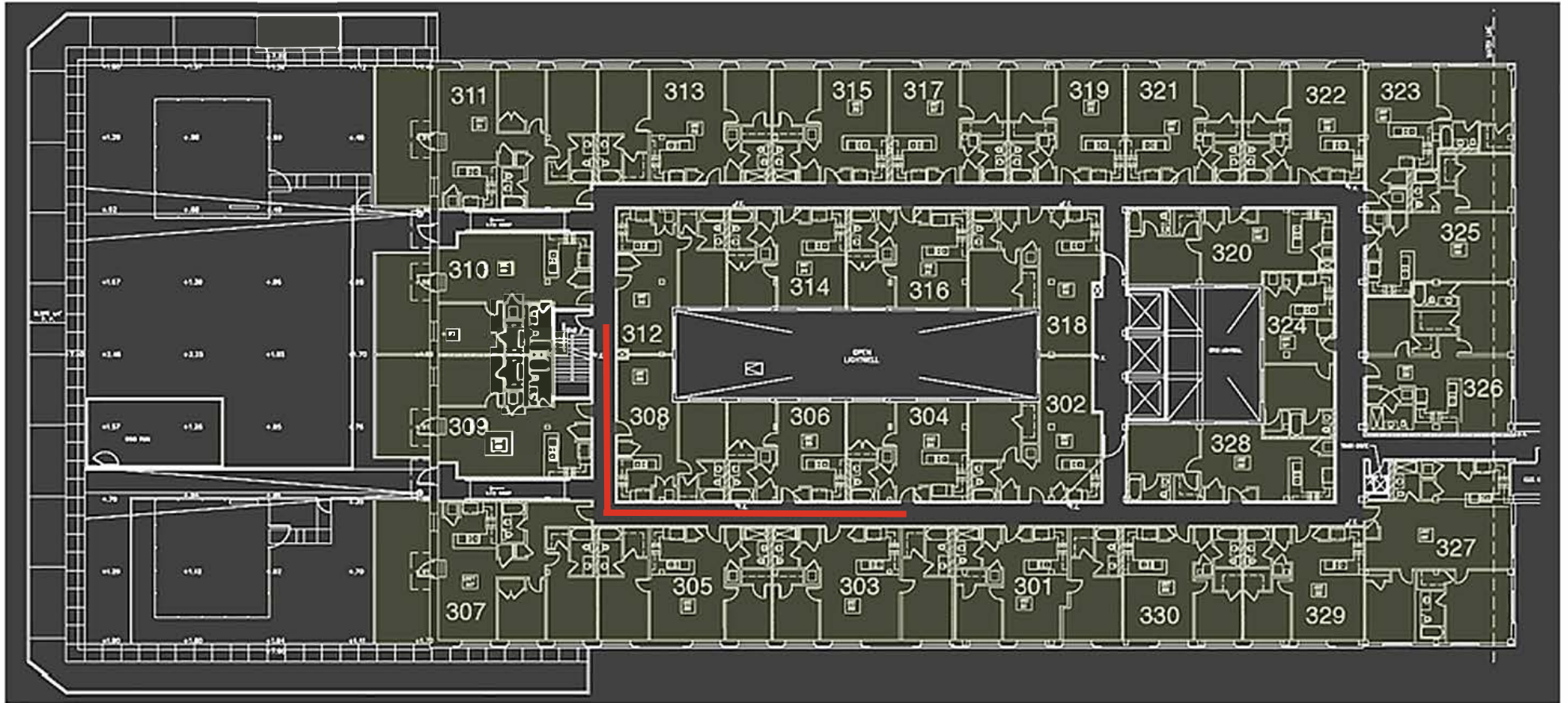
Unit #302



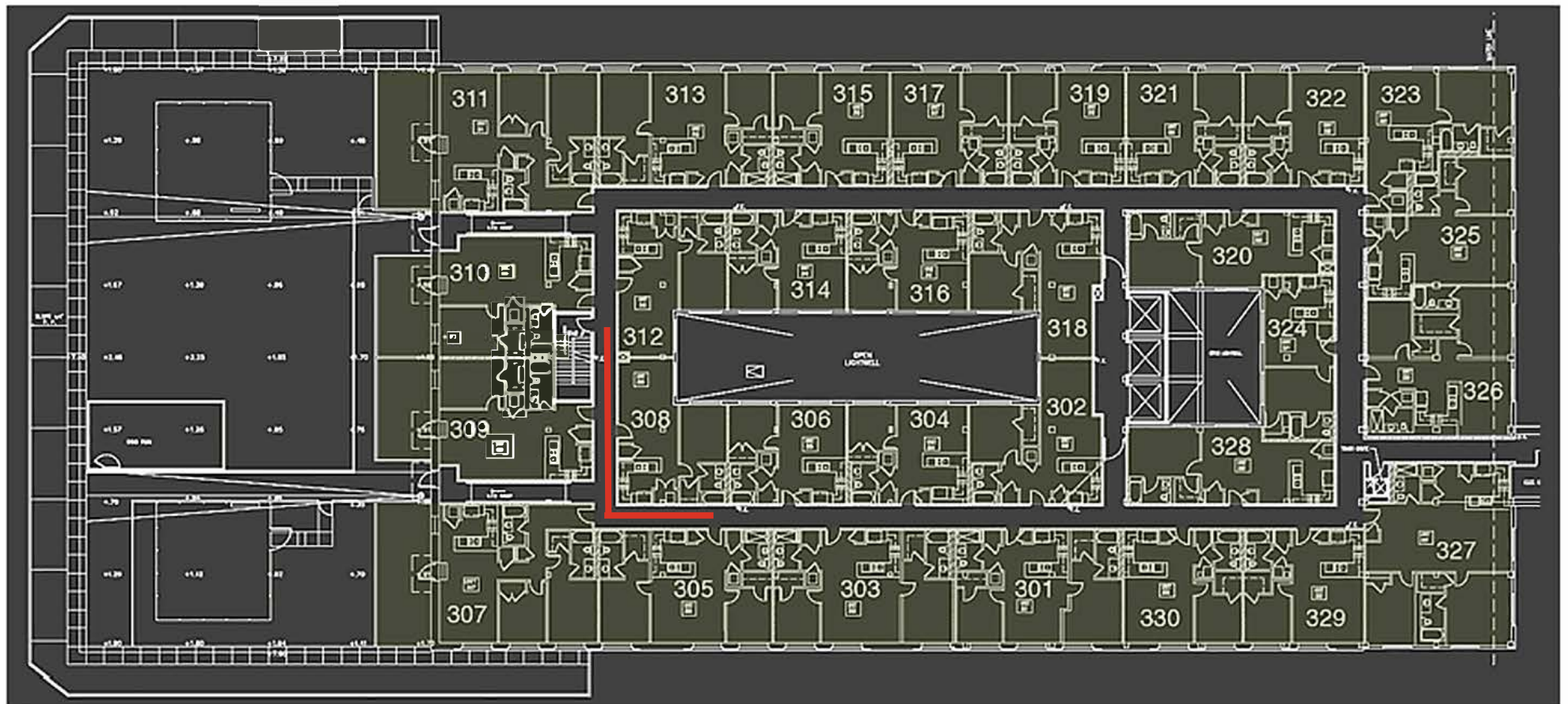
Unit #303



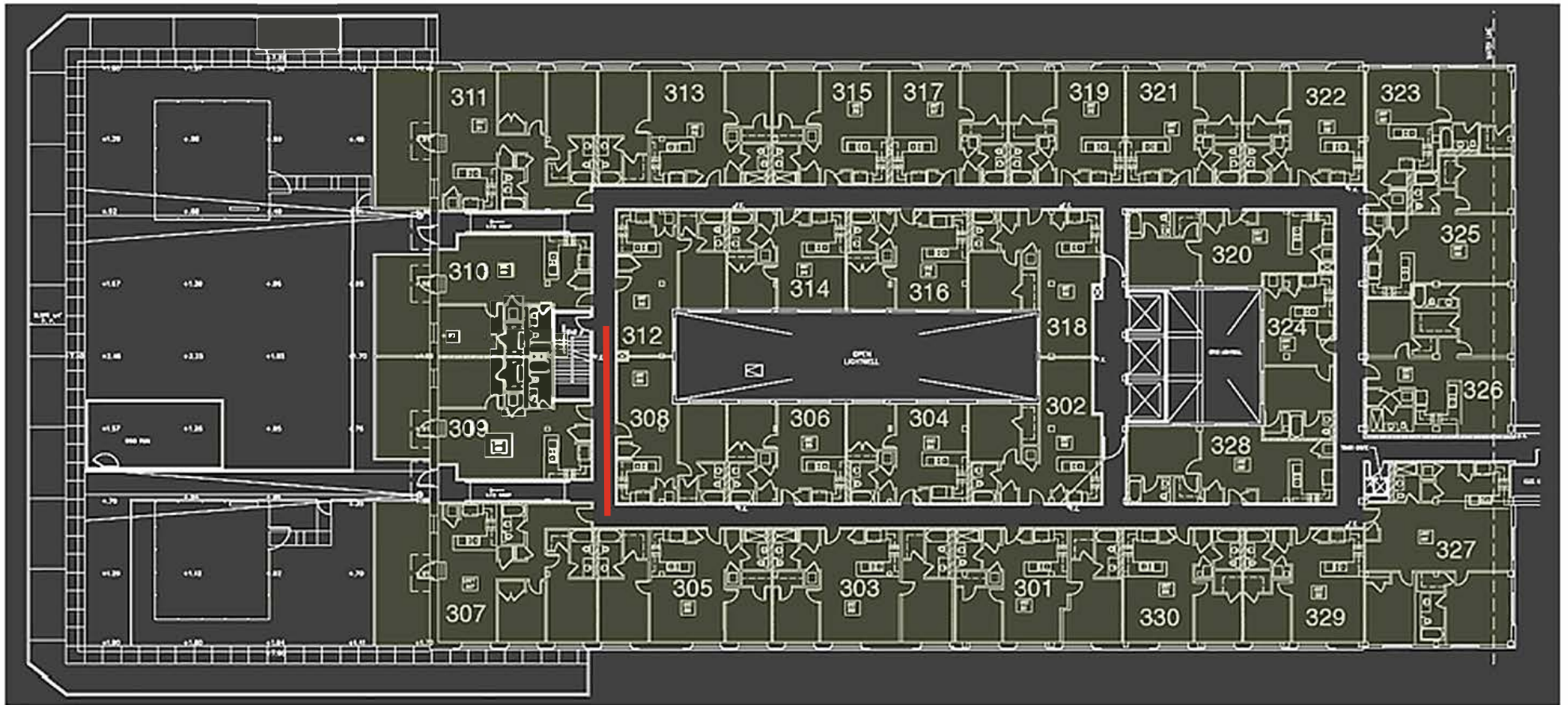
Unit #304



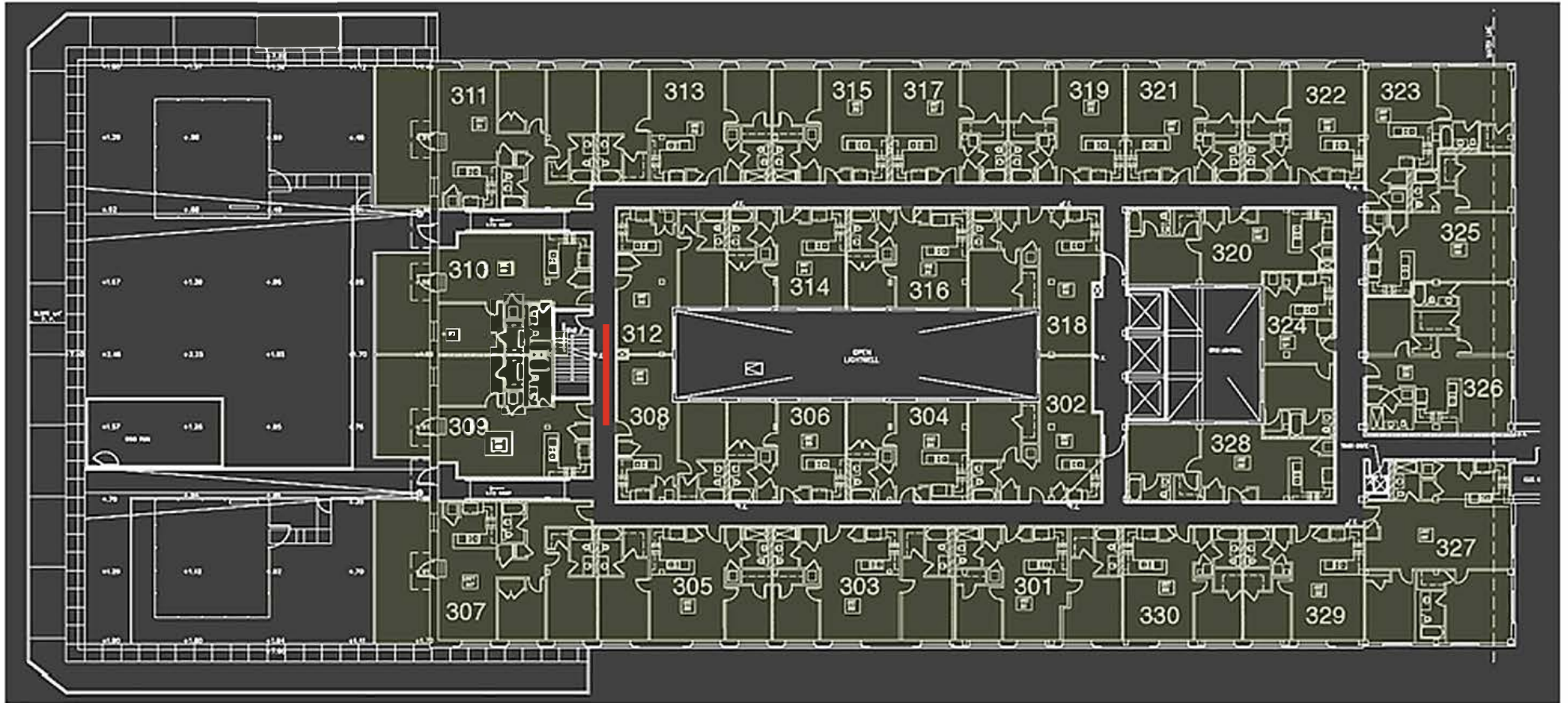
Unit #305



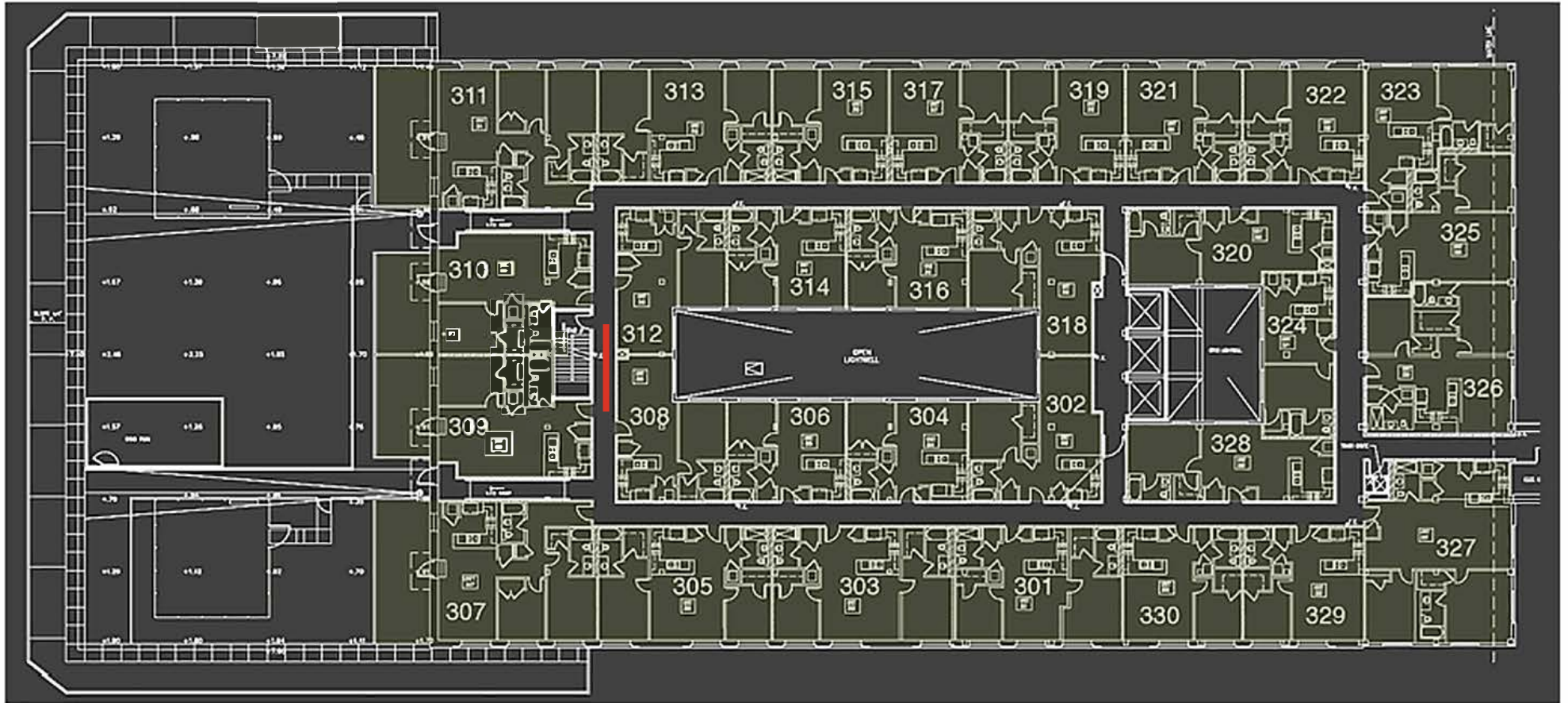
Unit #307



Unit #308



Unit #309

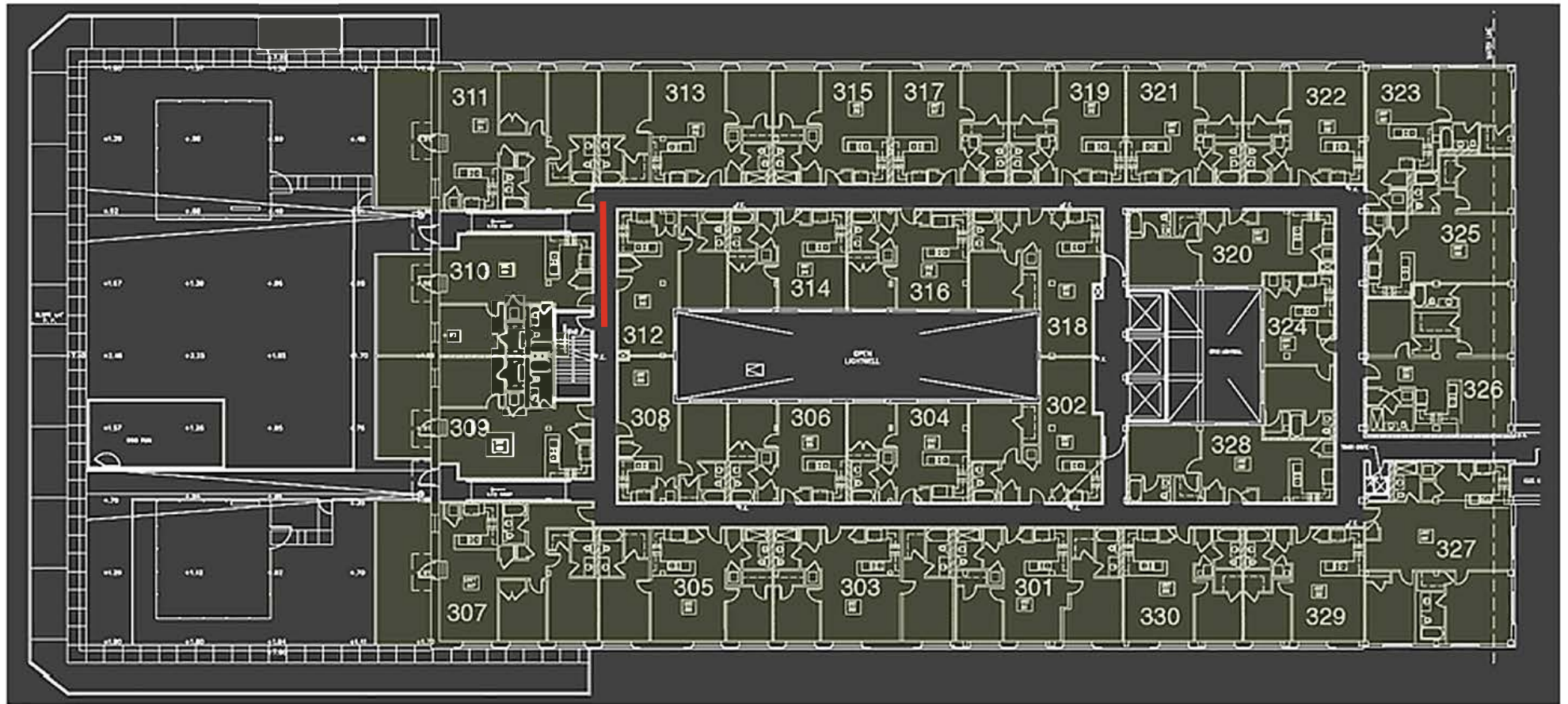


Architectural floor plan of the 3rd floor of a building. The plan shows a central corridor system with rooms numbered 301 through 330. Rooms 301-310 are on the left side, and rooms 311-330 are on the right side. A large central area is labeled 'OPEN LOBBY'. The plan includes detailed room layouts, furniture, and a color-coded legend for room types.

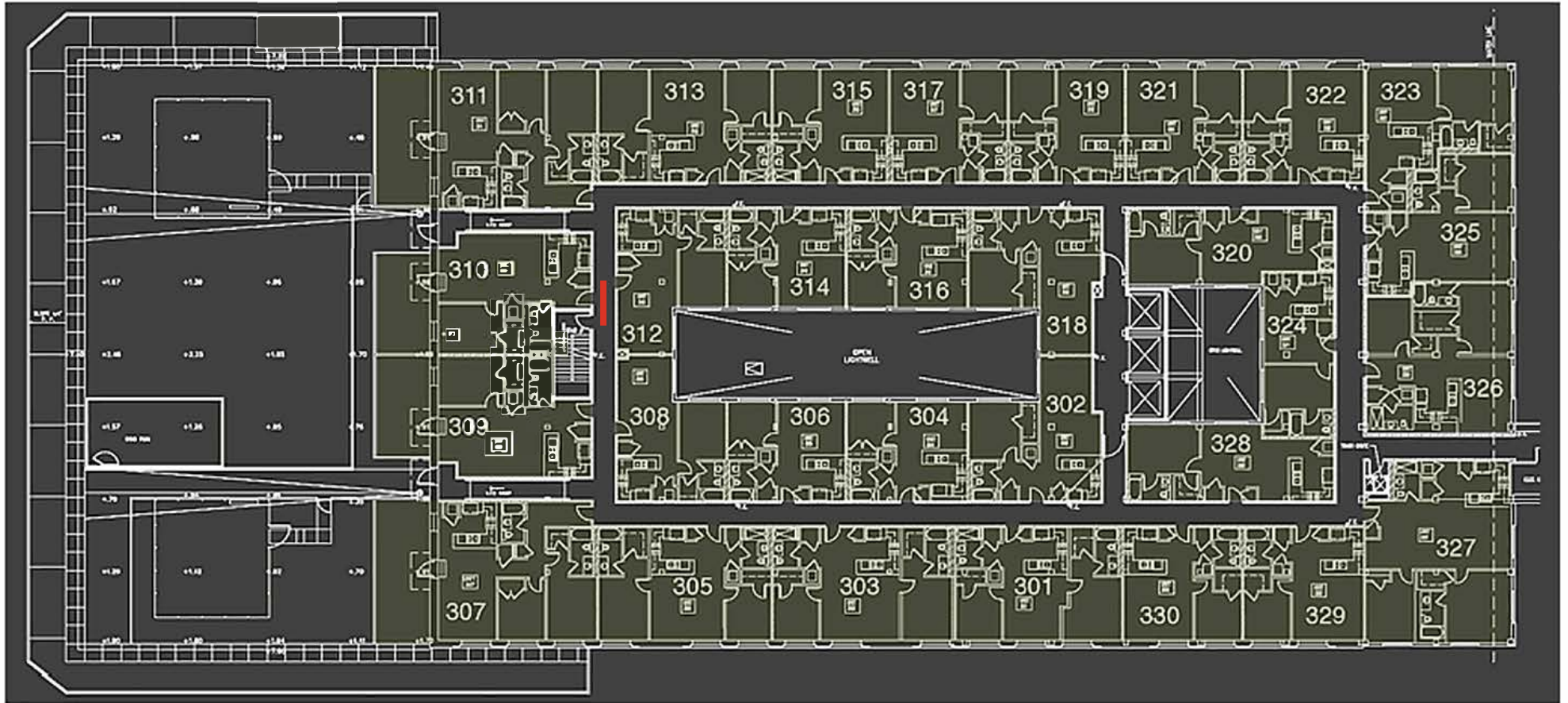
Legend:

- 301-310: Office
- 311-320: Conference Room
- 321-330: Reception
- 331-340: Storage
- 341-350: Restroom
- 351-360: Elevator
- 361-370: Staircase
- 371-380: Corridor
- 381-390: Lobby
- 391-400: Entrance

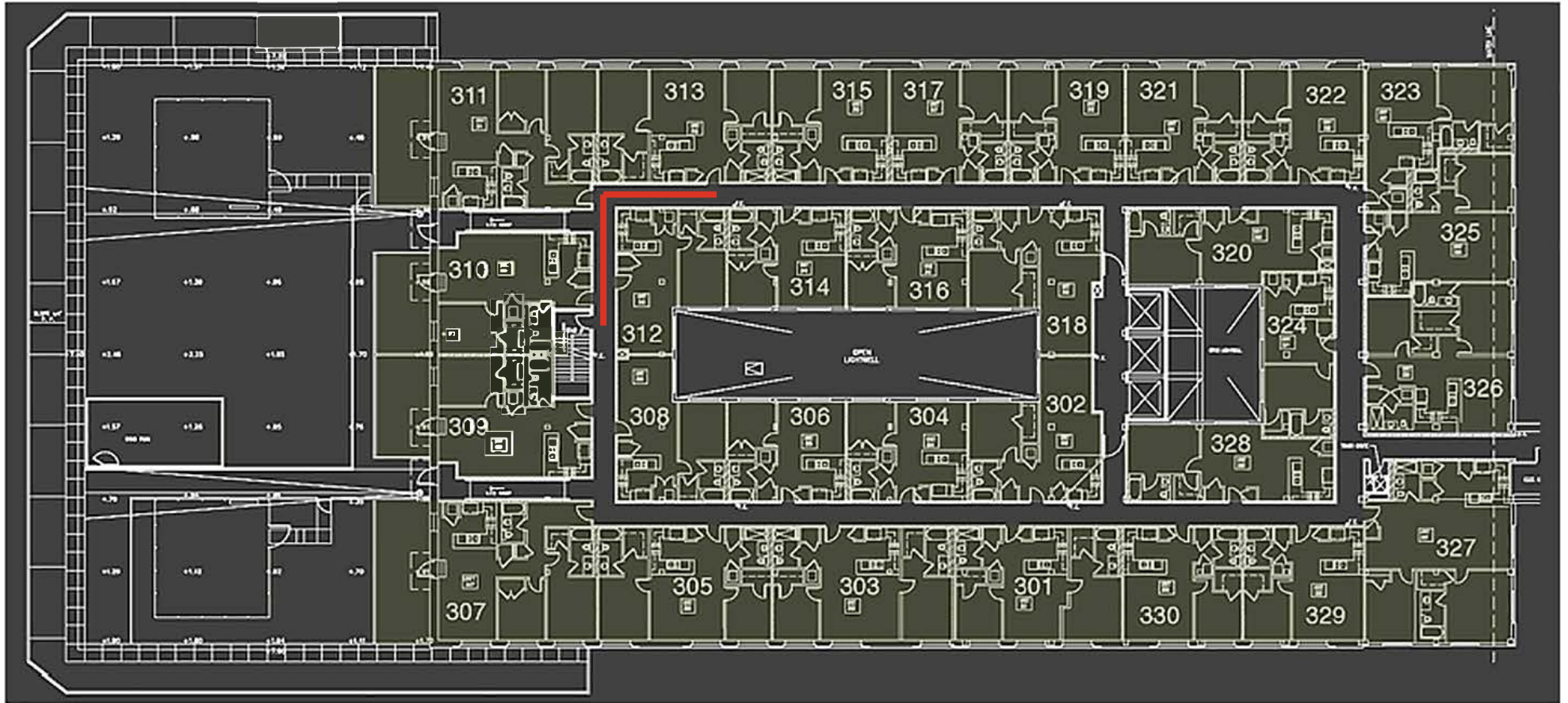
Unit #311



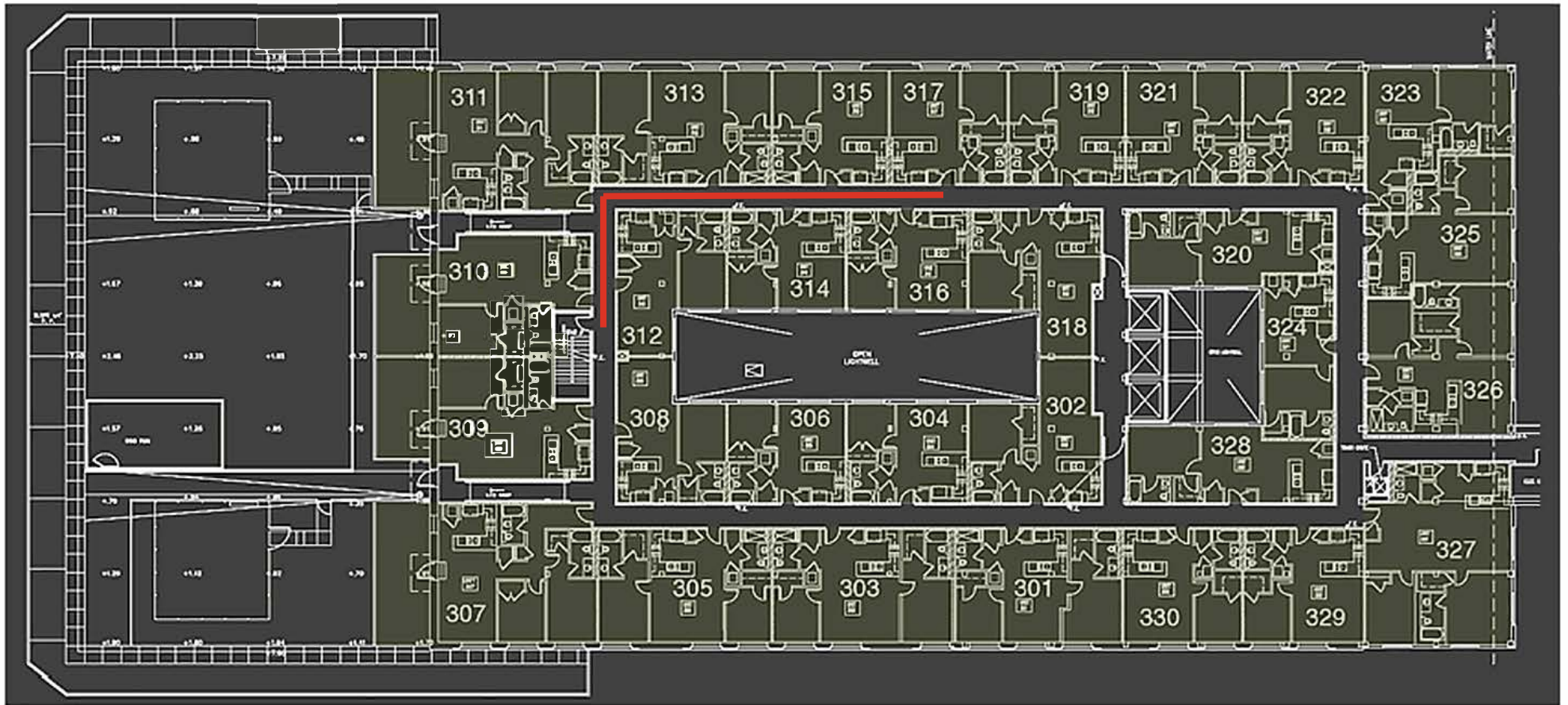
Unit #312



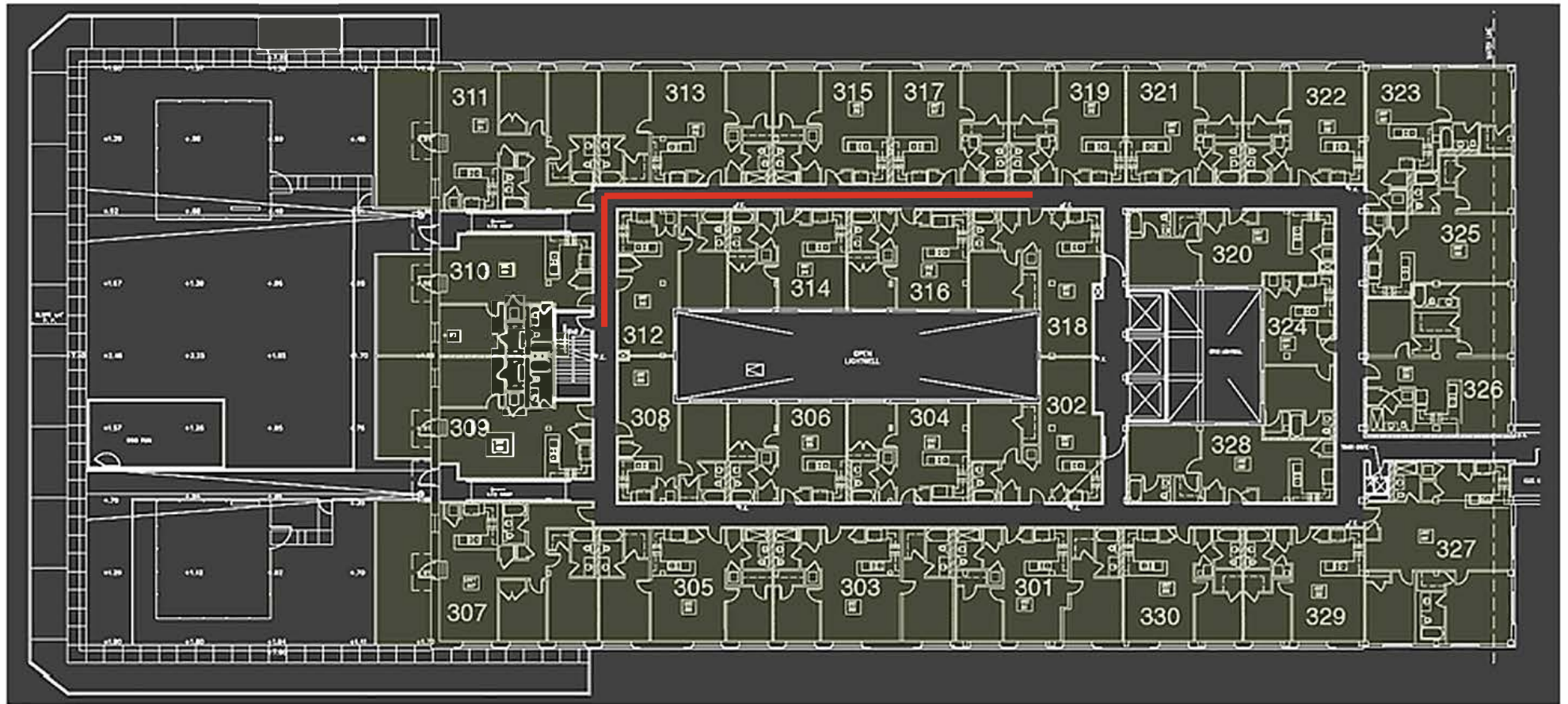
Unit #313



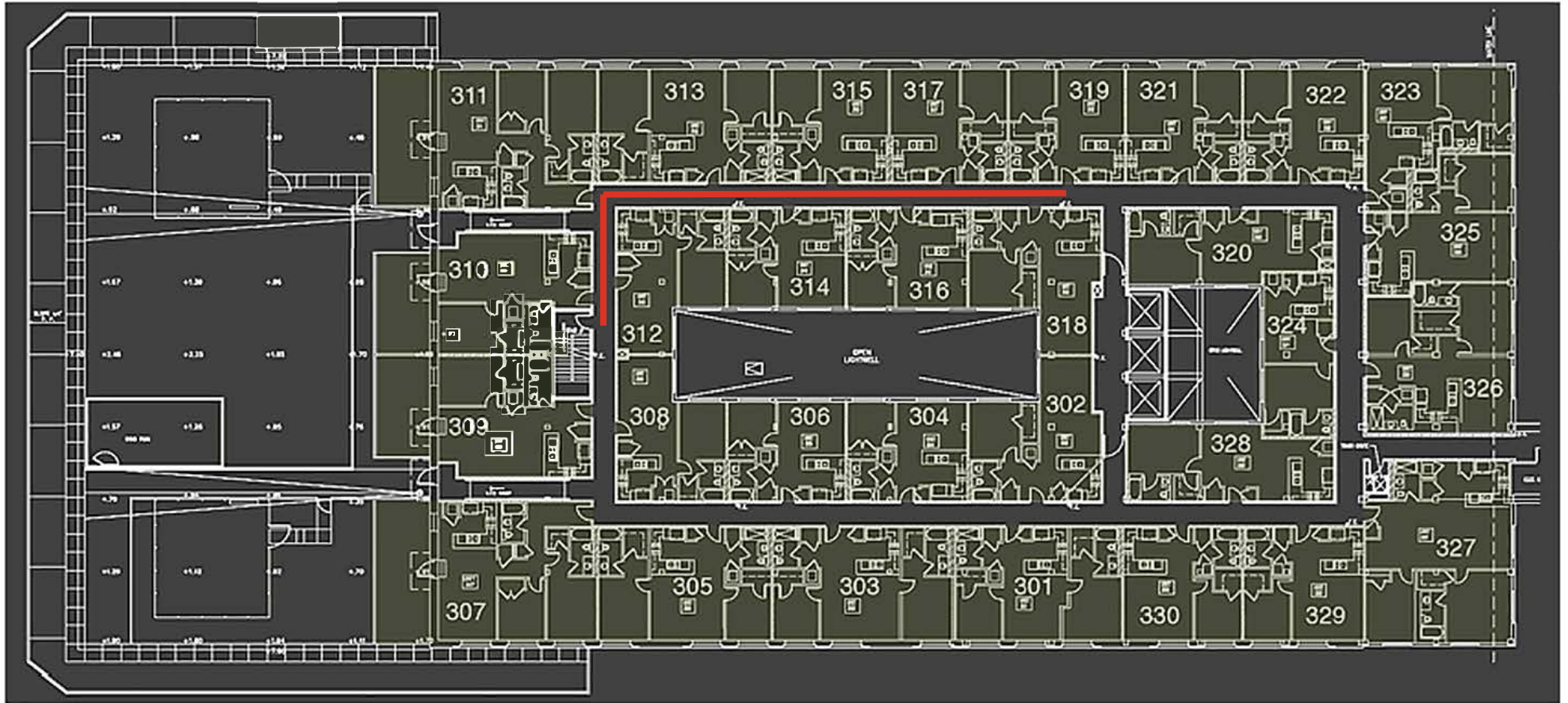
Unit #317



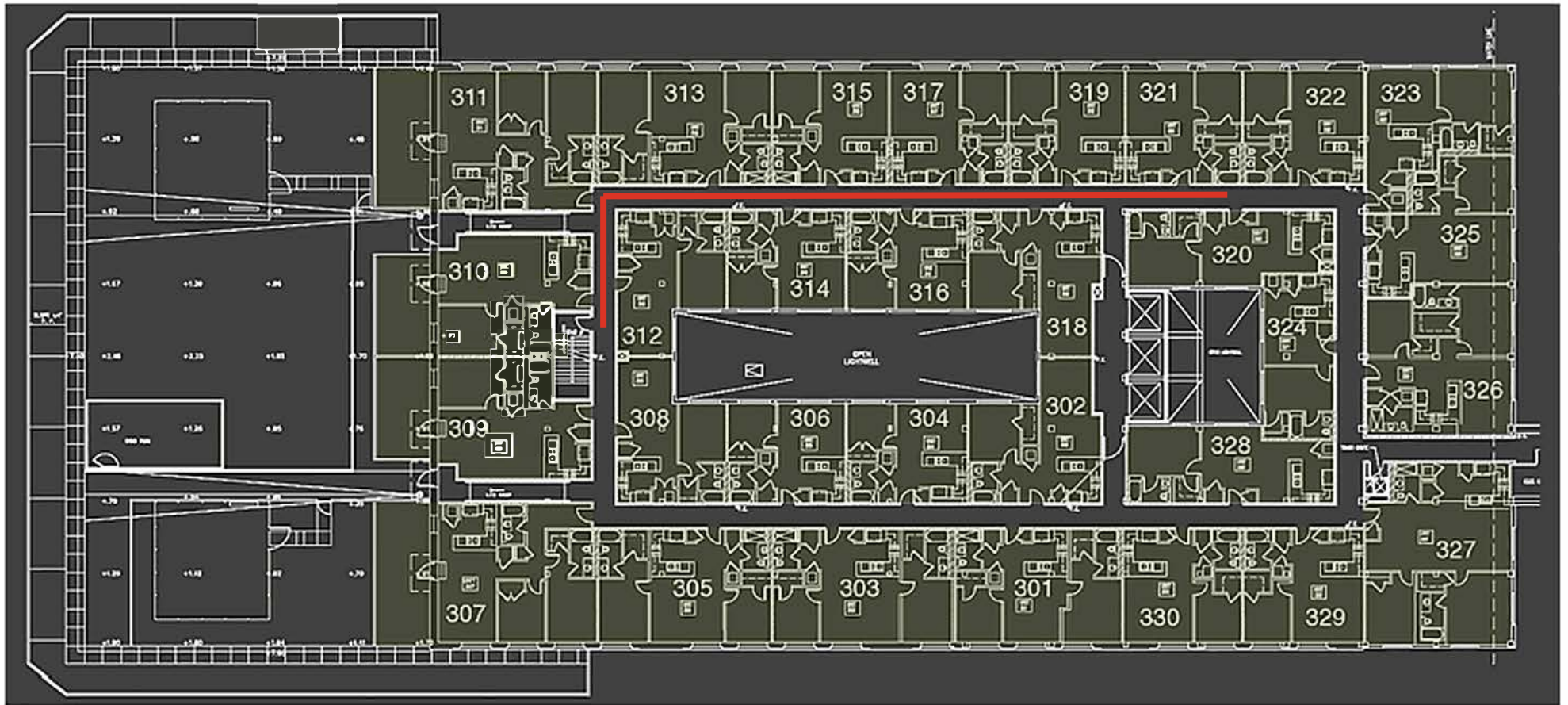
Unit #318



Unit #319

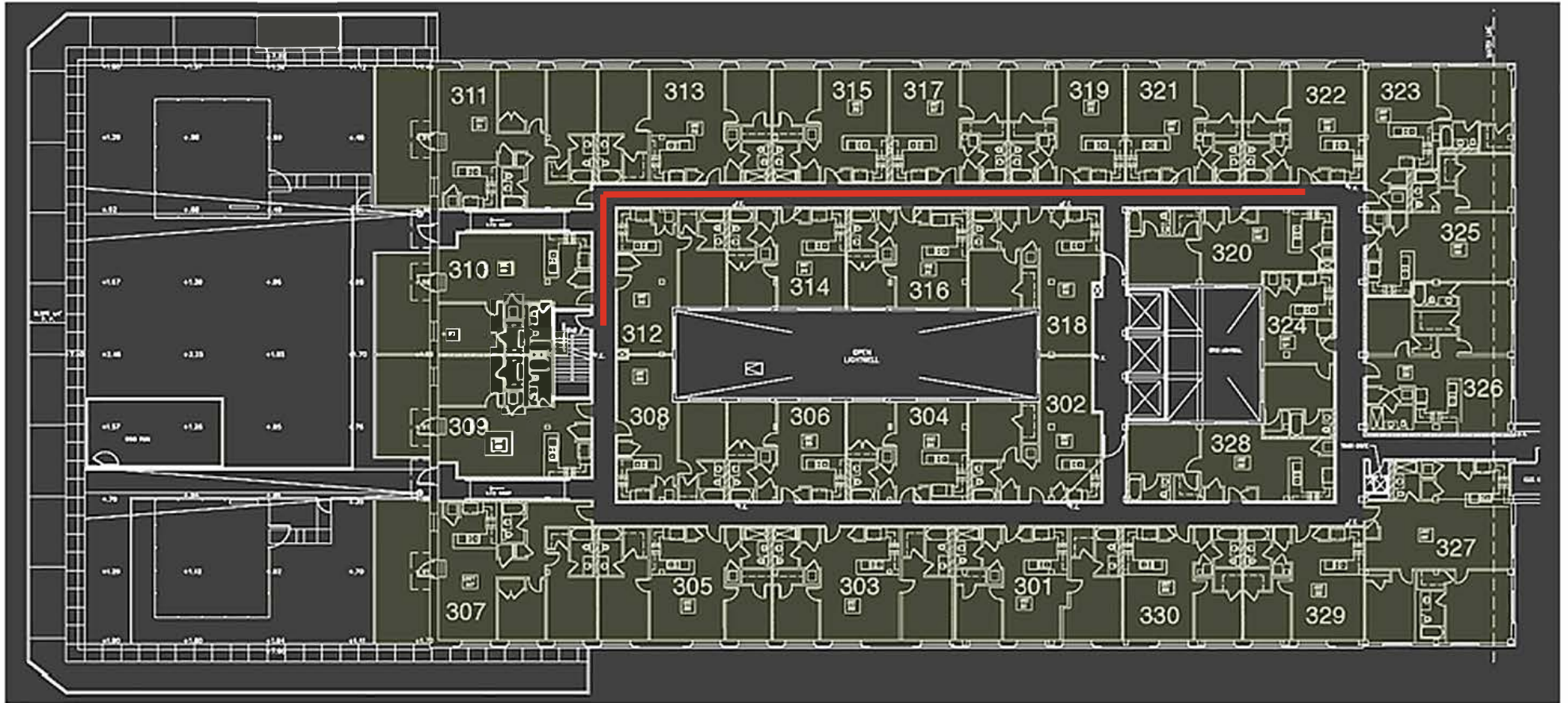


Unit #320

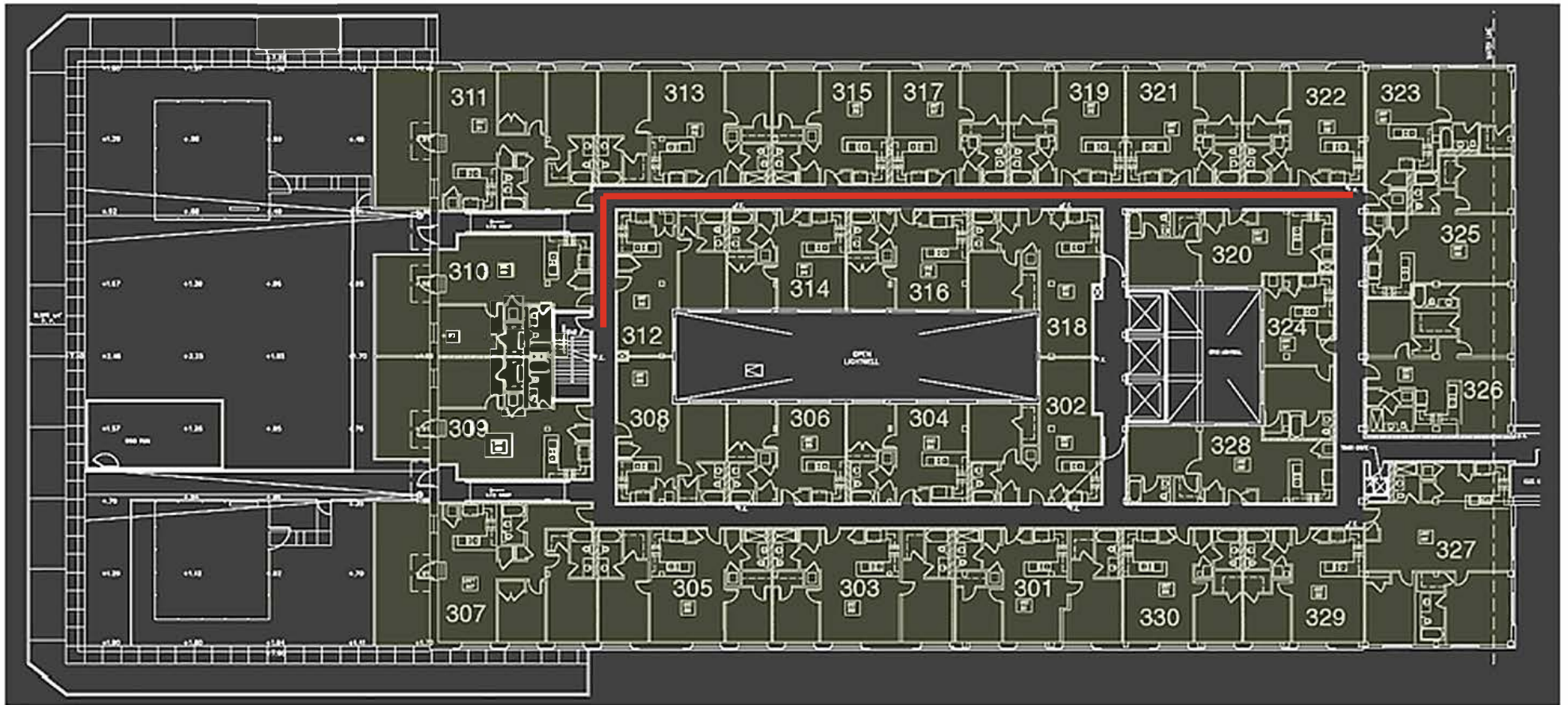


This architectural floor plan shows a building layout with various rooms and corridors. A red rectangular highlight is drawn around a central section of the plan, specifically enclosing rooms 312, 314, 316, 318, 308, 306, 304, and 302. This highlighted area is situated between rooms 311, 313, 315, 317, 319, 321, 322, and 323 on the top edge, and rooms 307, 305, 303, 301, 330, 329, and 327 on the bottom edge. To the left of the highlighted area are rooms 310 and 309. To the right are rooms 320, 324, 325, 326, and 328. A large central area within the highlighted section is labeled 'OPEN LOBBY'. The plan also includes numerous smaller rooms, corridors, and structural elements like stairs and elevators.

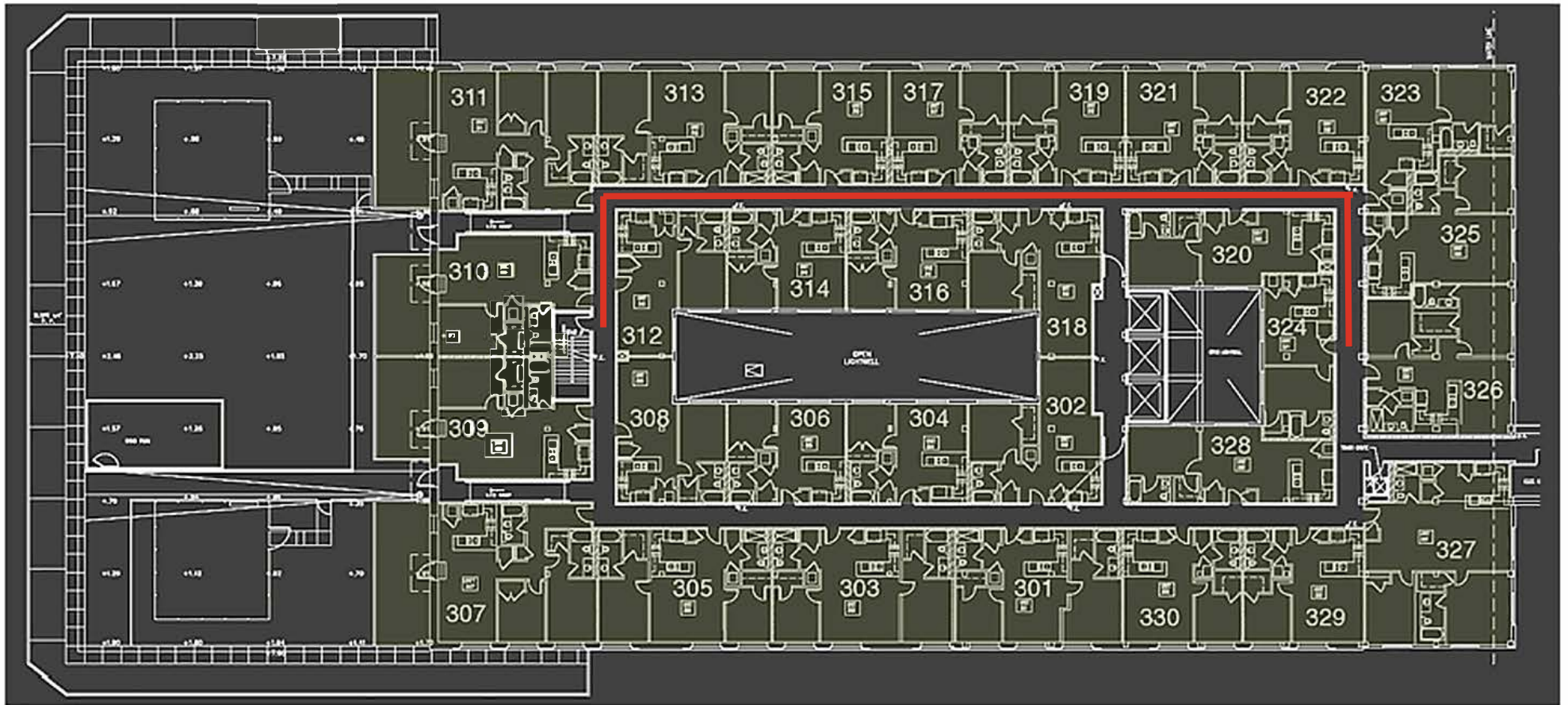
Unit #322



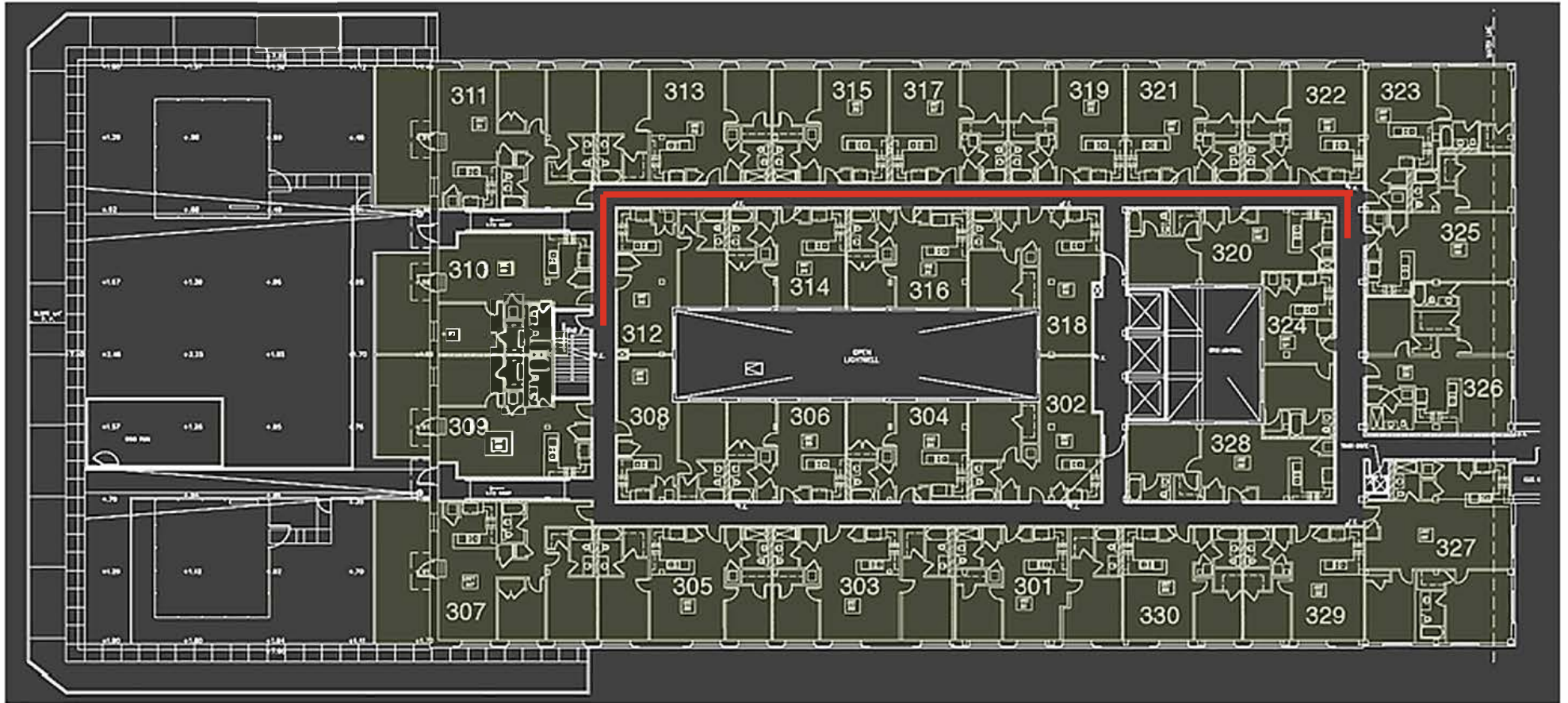
Unit #323



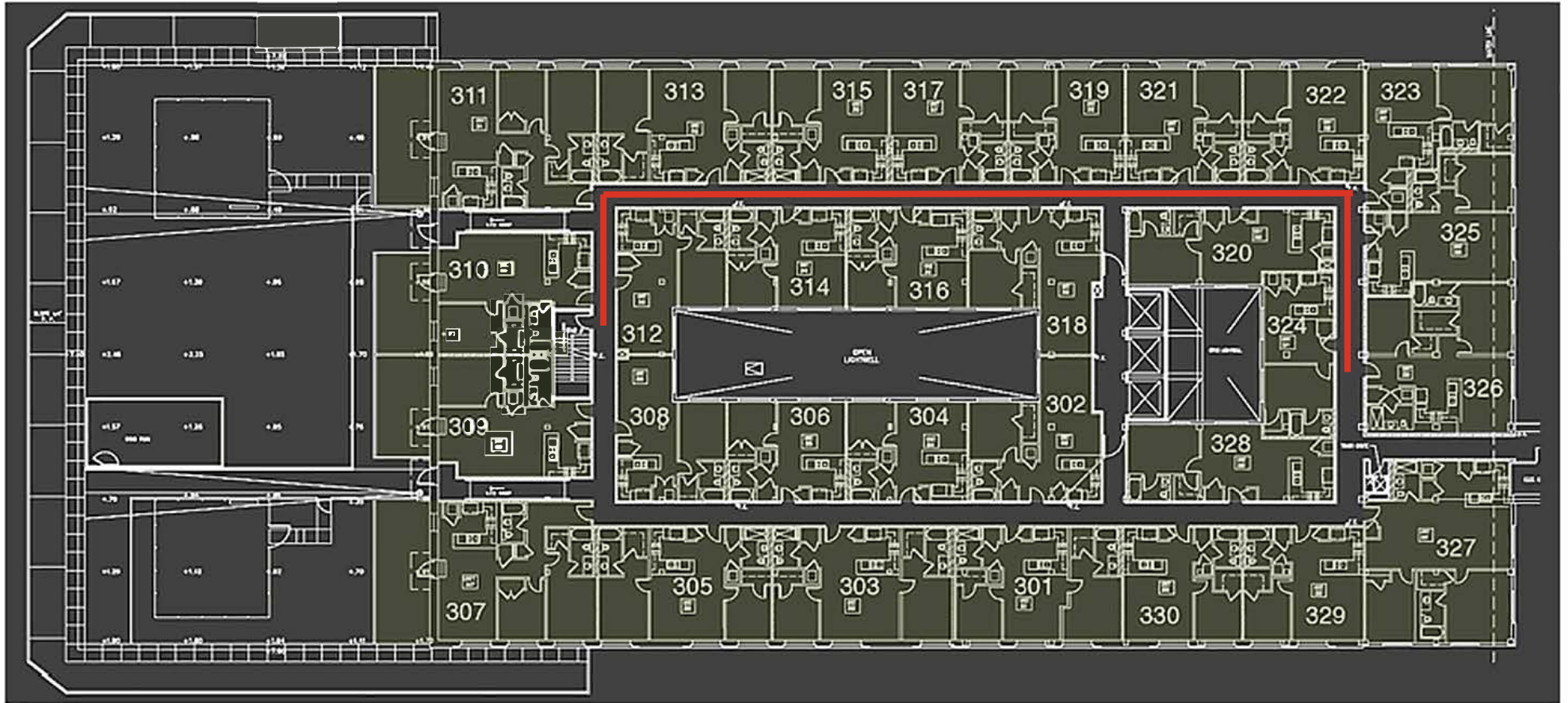
Unit #324



Unit #325

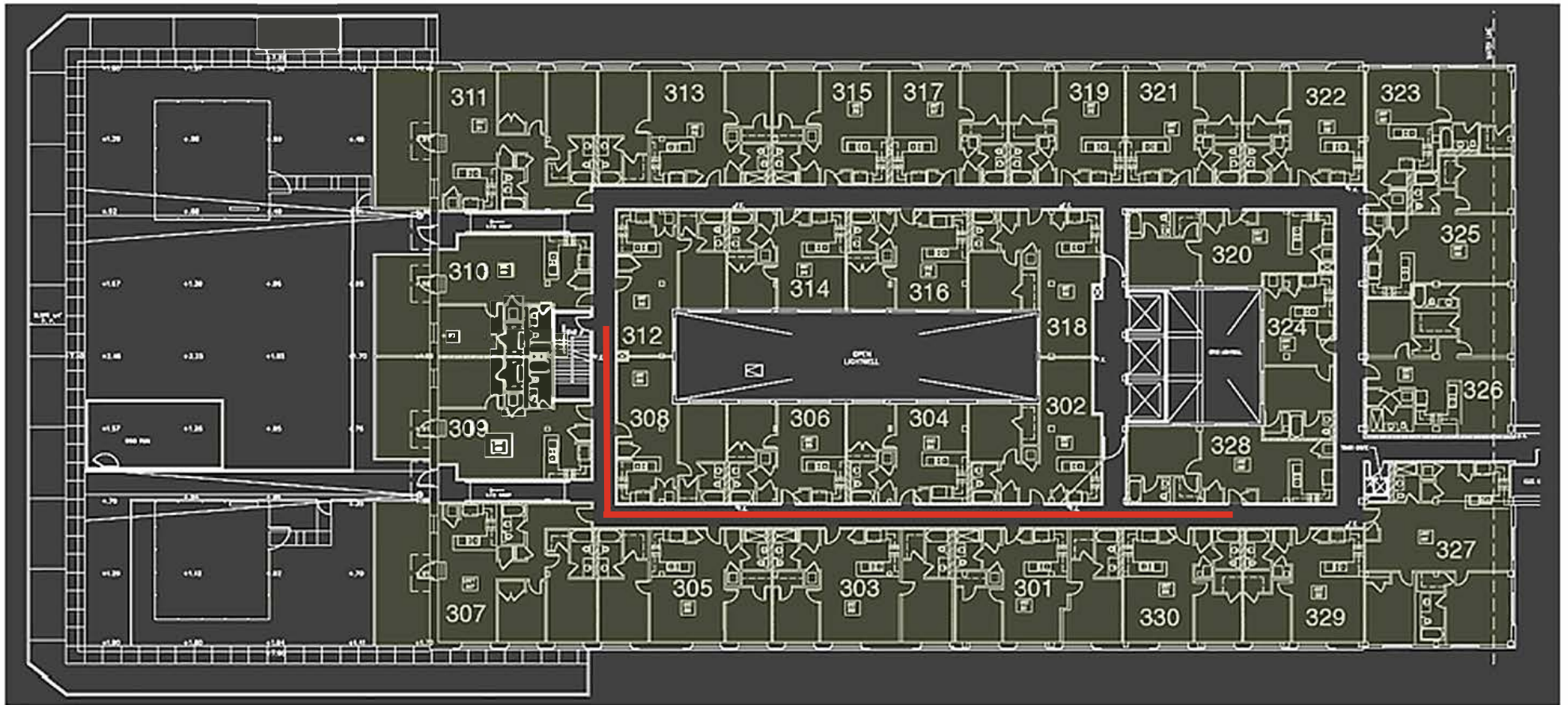


Unit #326

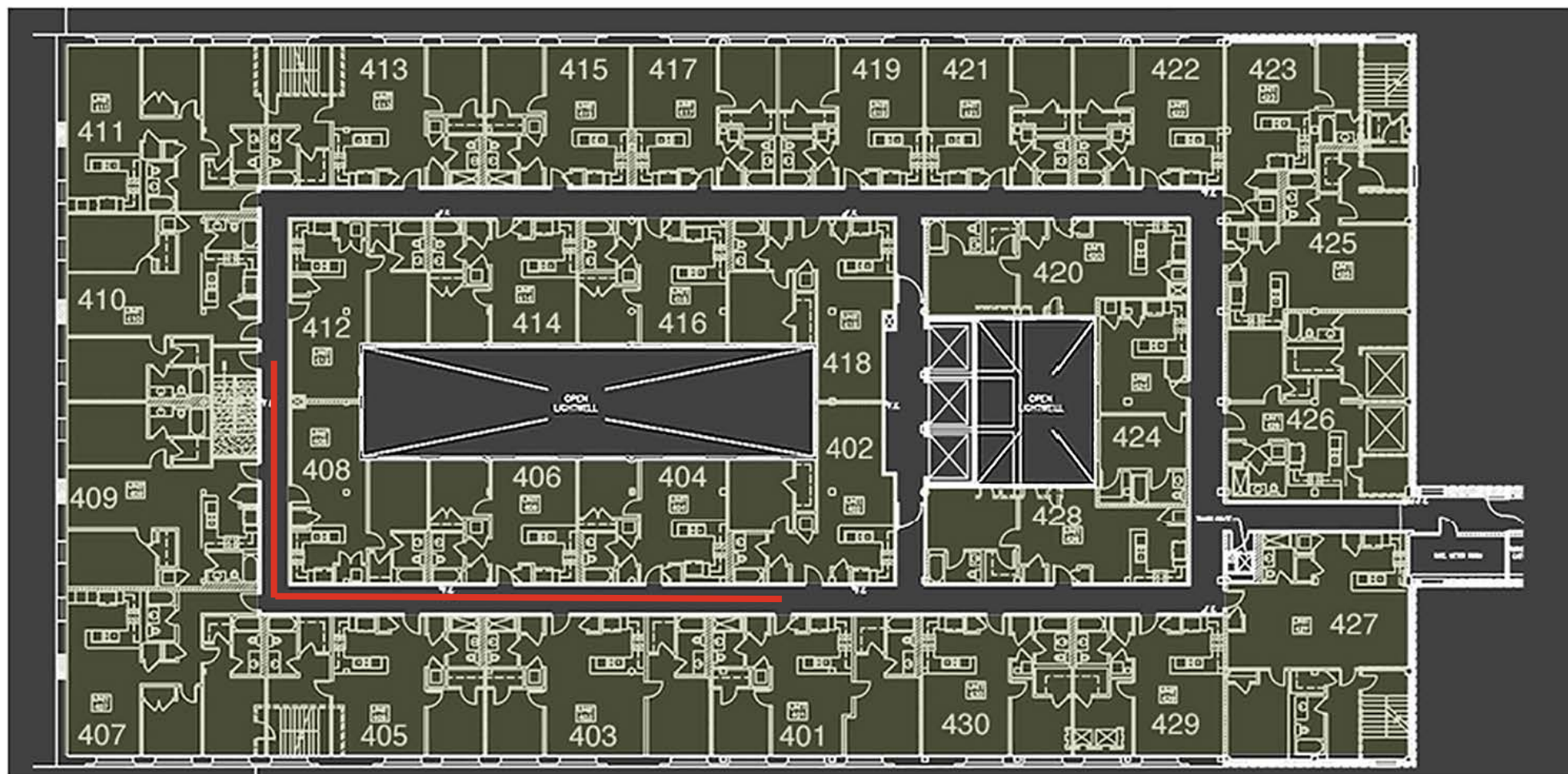


This is a detailed architectural floor plan of the 3rd floor of the University of Illinois at Chicago. The plan shows a central corridor system with rooms numbered 301 through 330. A large central area is labeled 'OPEN LOBBY'. The plan includes room layouts, furniture, and a red line indicating a specific path or boundary.

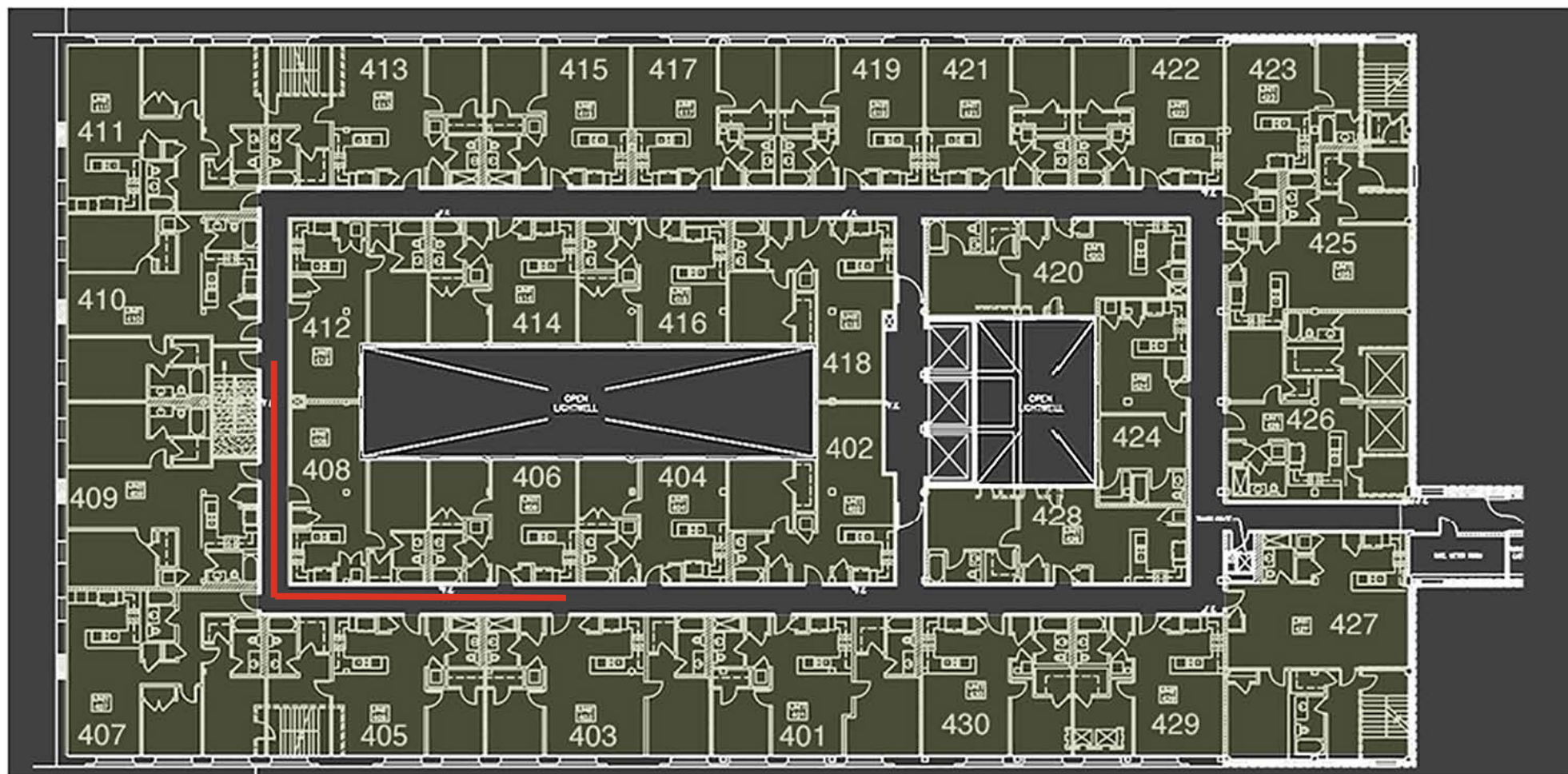
Unit #328



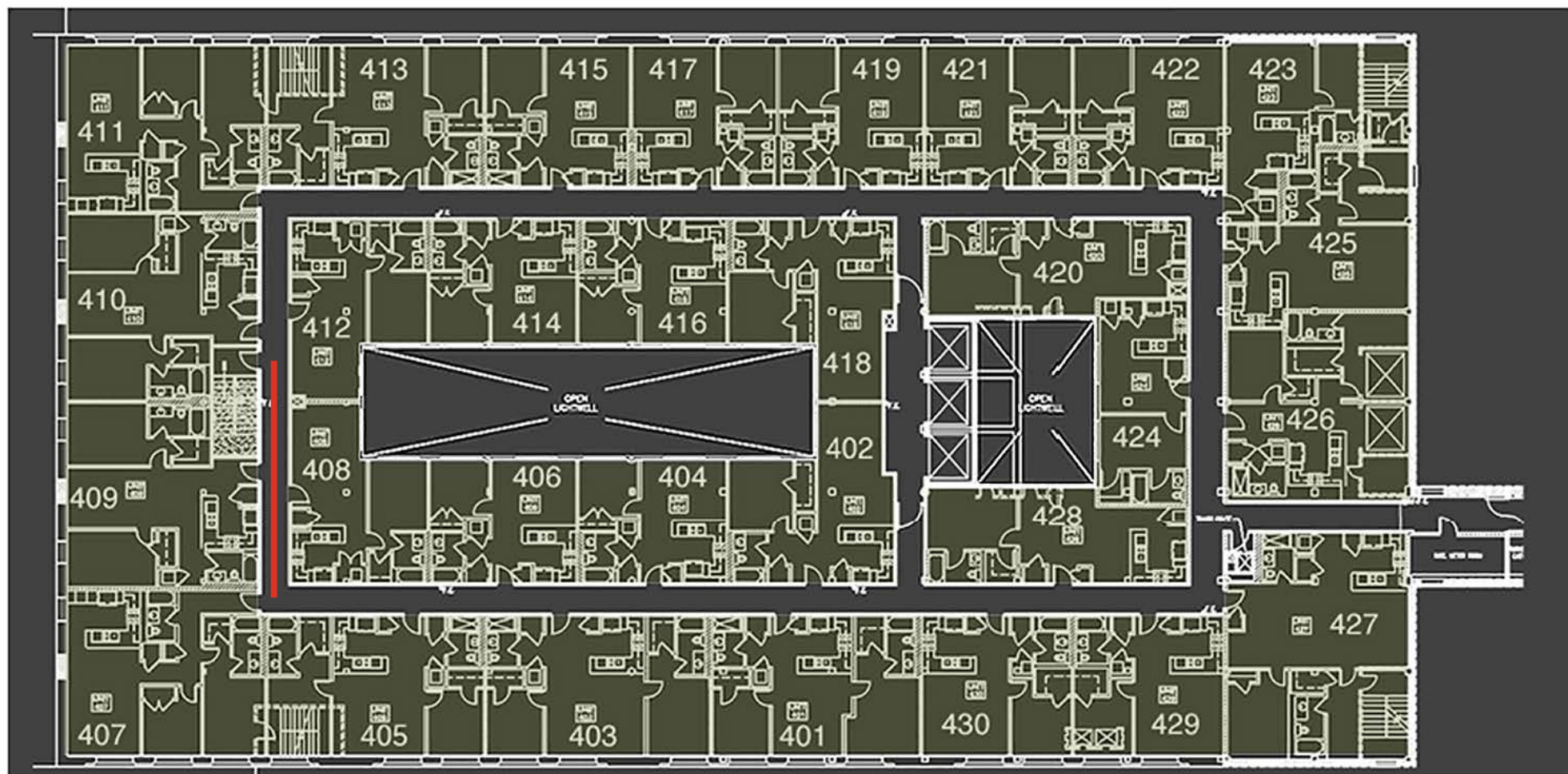
Unit #401



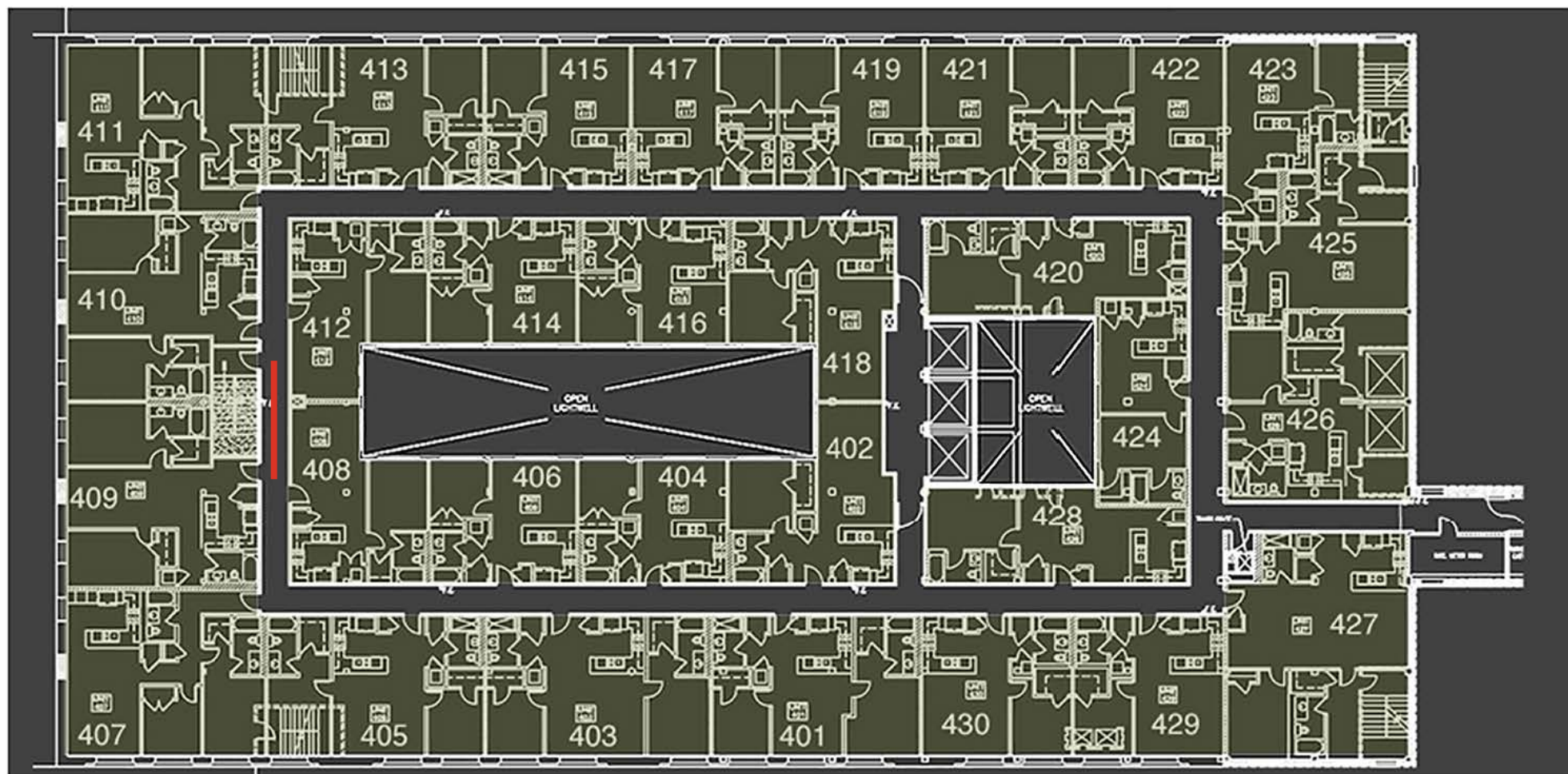
Unit #403



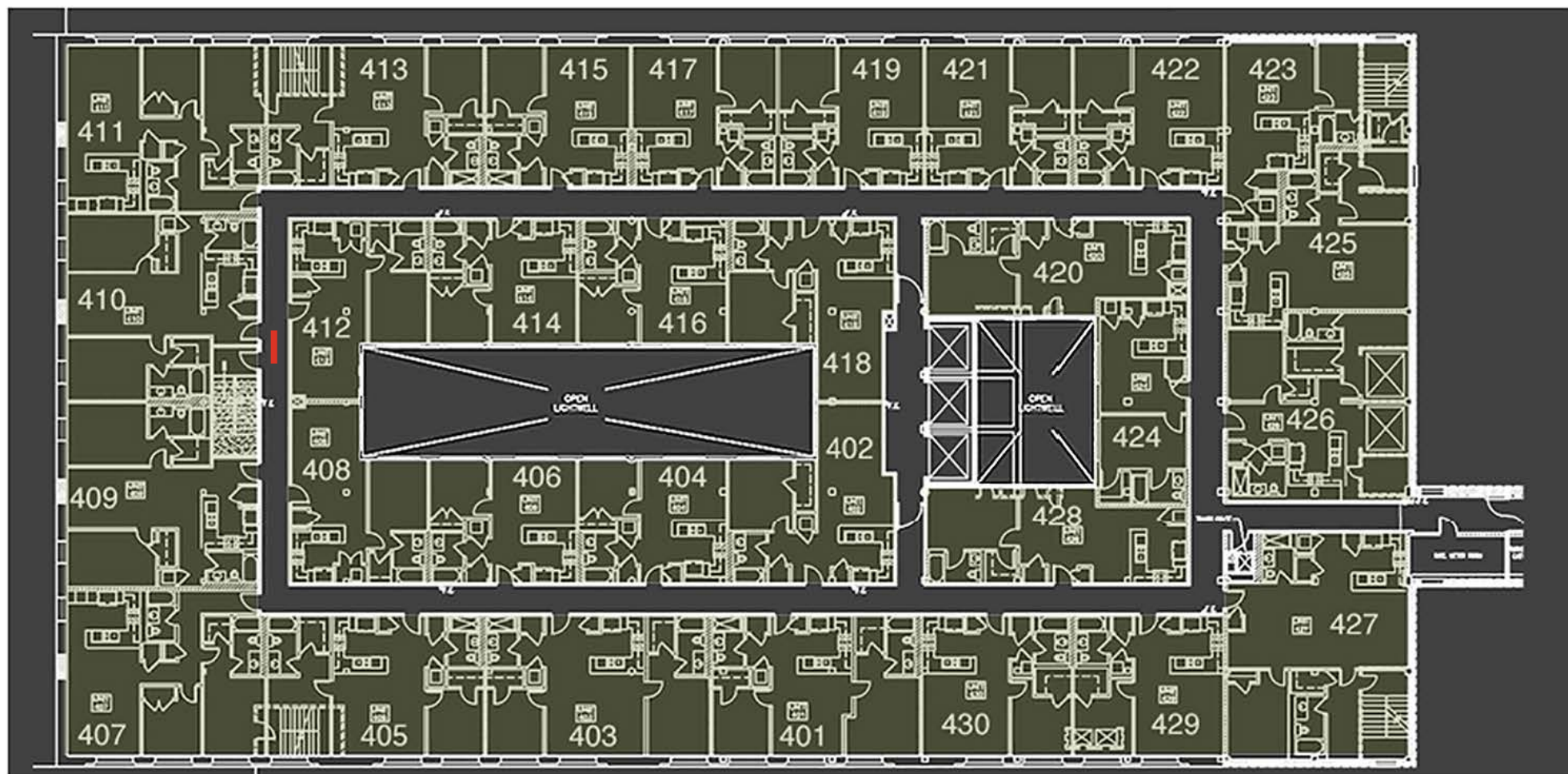
Unit #407



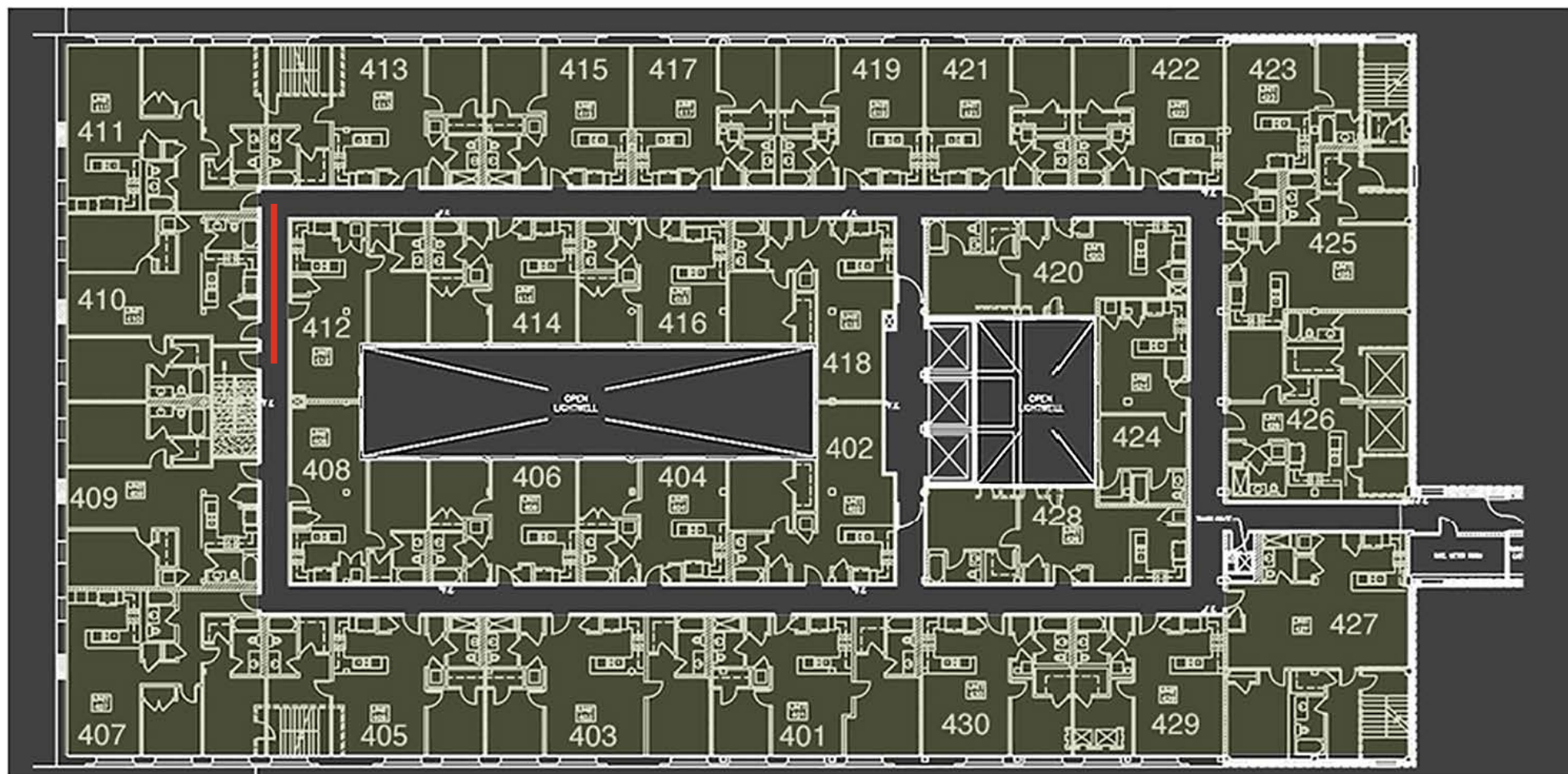
Unit #409



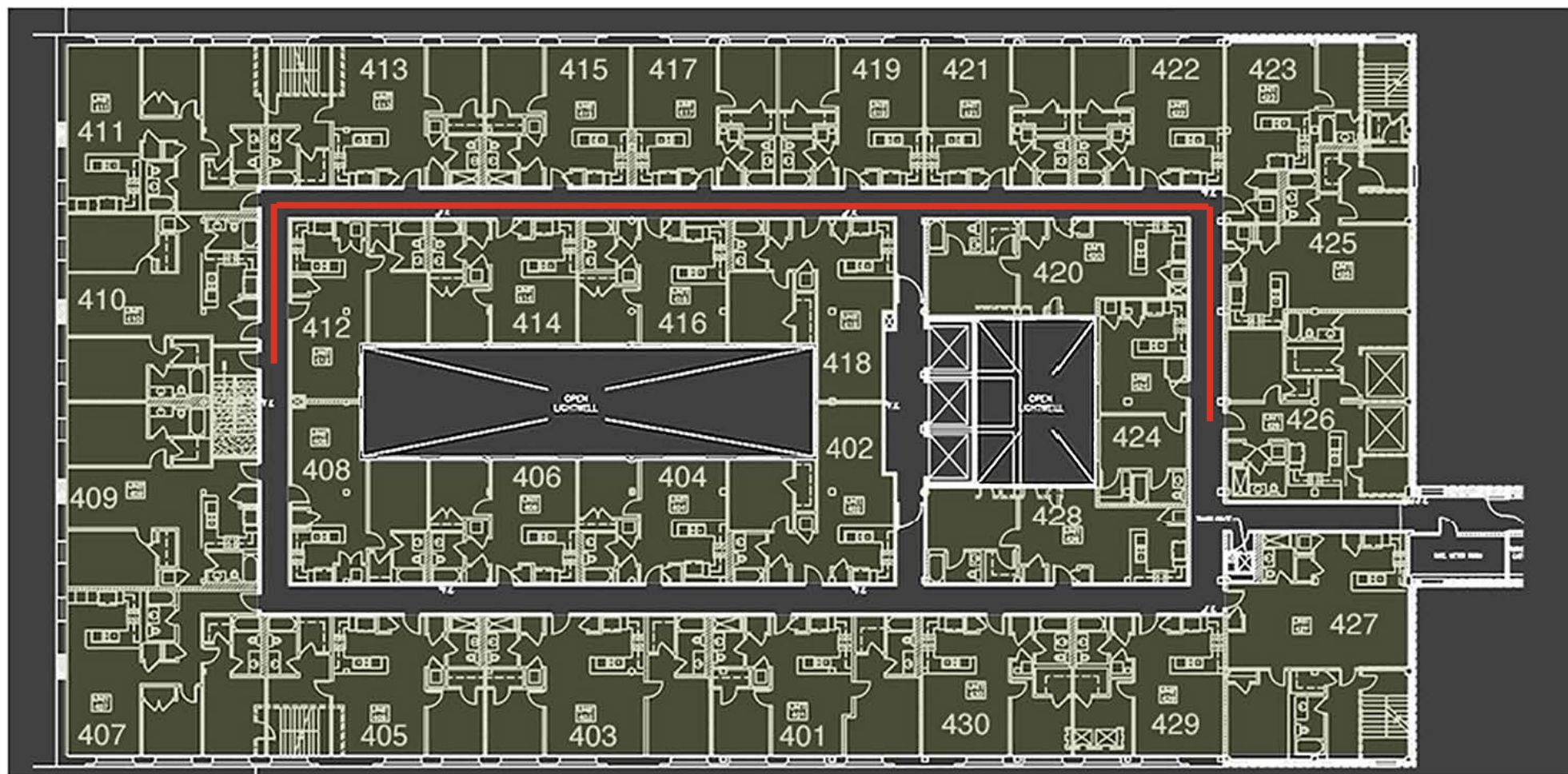
Unit #410



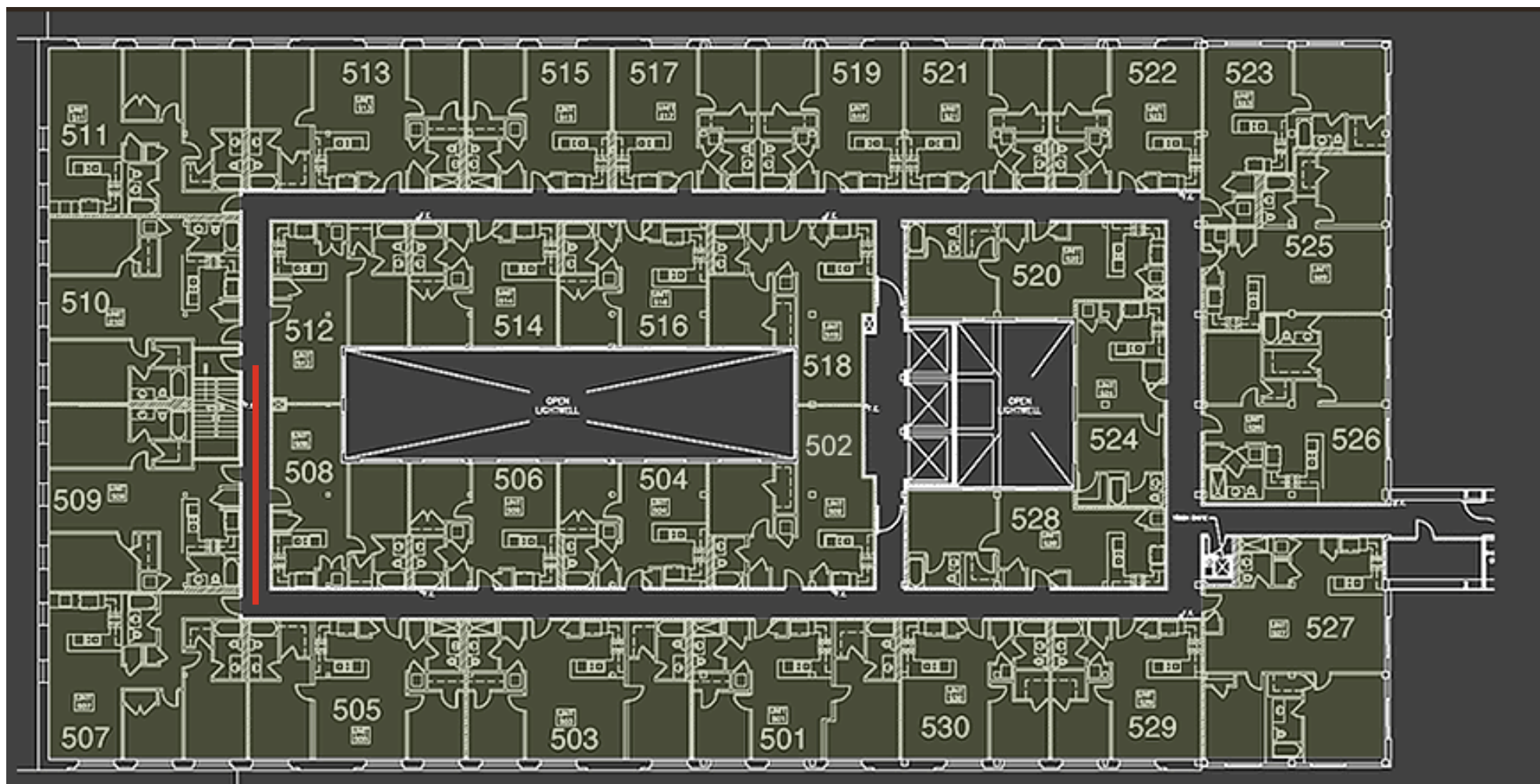
Unit #411



Unit #426



Unit #507

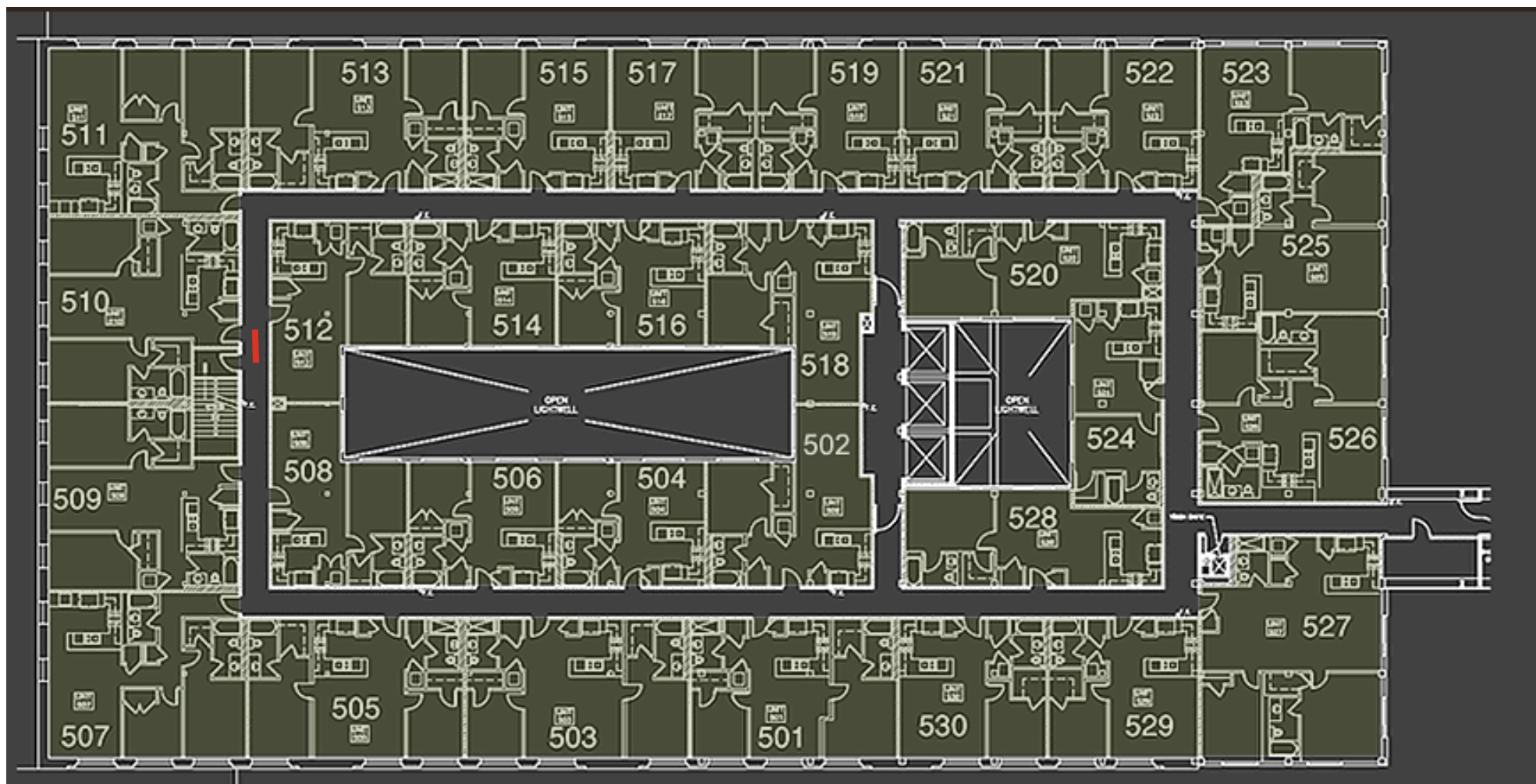


The floor plan shows a grid of rooms on the 5th floor. The rooms are numbered as follows:

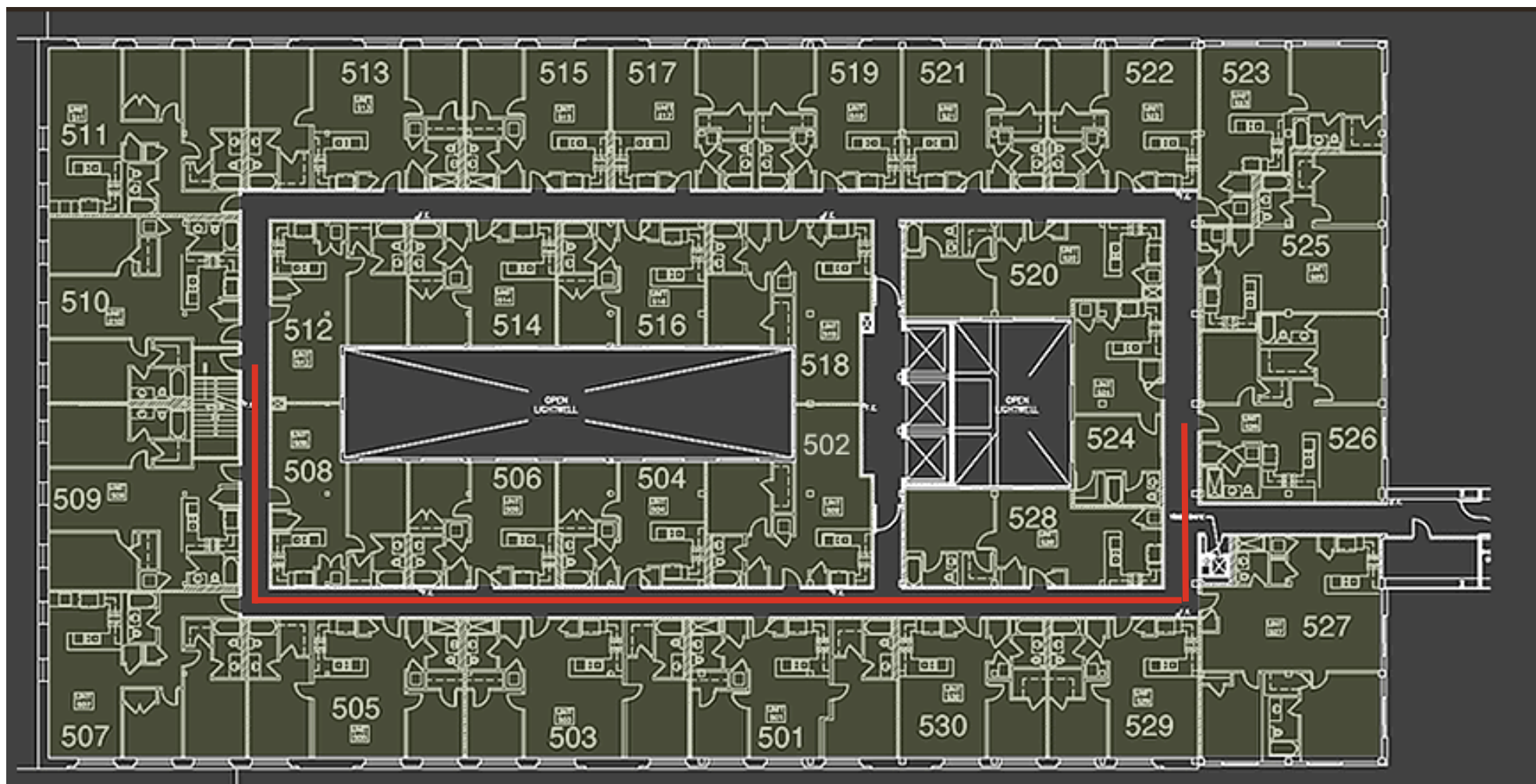
- Top row: 511, 513, 515, 517, 519, 521, 522, 523
- Second row: 510, 512, 514, 516, 518, 520, 524, 525
- Third row: 509, 508, 506, 504, 502, 528, 526
- Bottom row: 507, 505, 503, 501, 530, 529, 527

A large, dark, irregular shape is overlaid on the central part of the plan, representing the area of the September 11 attacks. This shape is located between rooms 512, 514, 516, 518, 508, 506, 504, and 502. The shape is labeled "OPEN LOBBY".

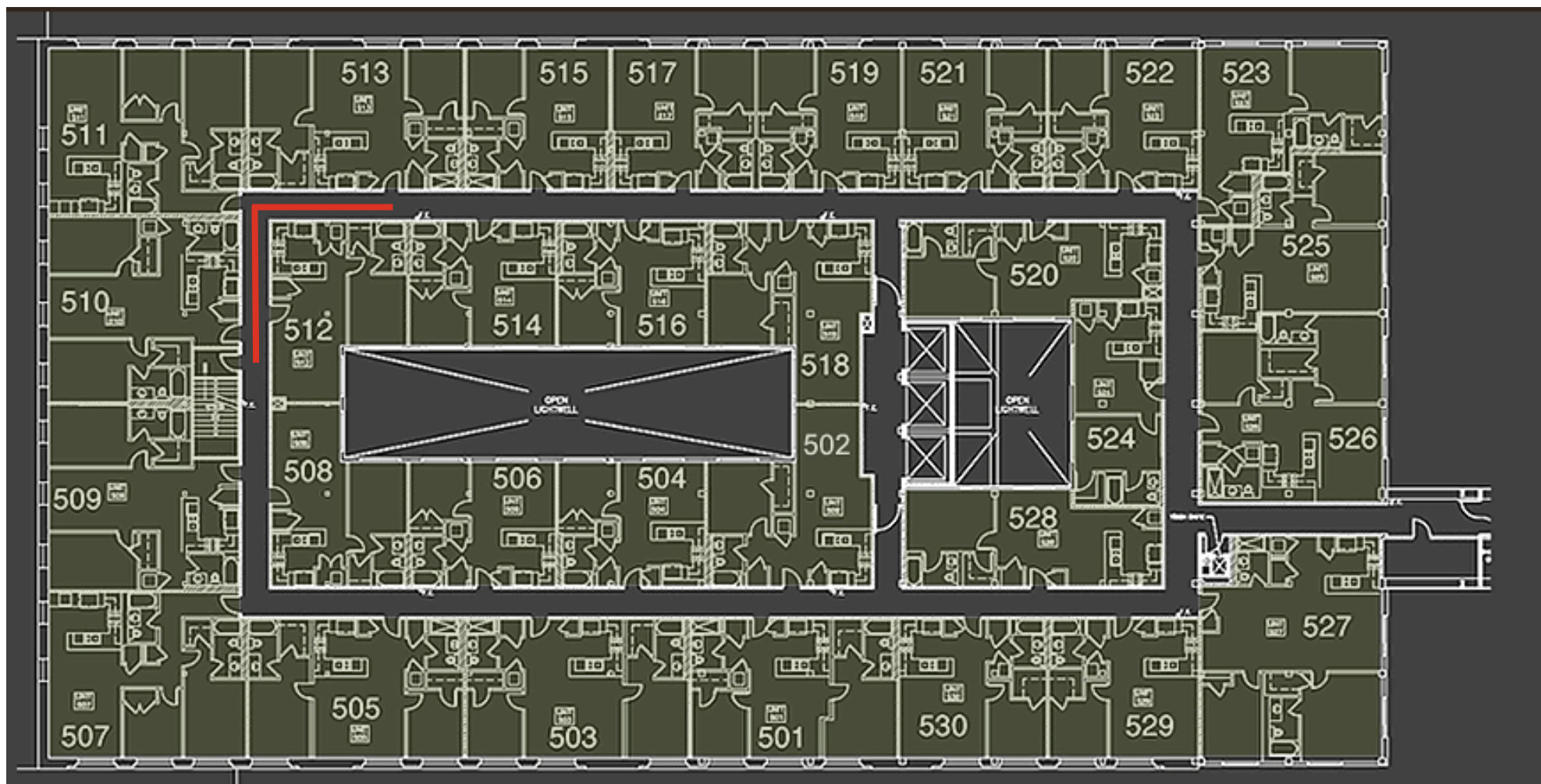
Unit #510



Unit #526



Unit #513



PICTURES



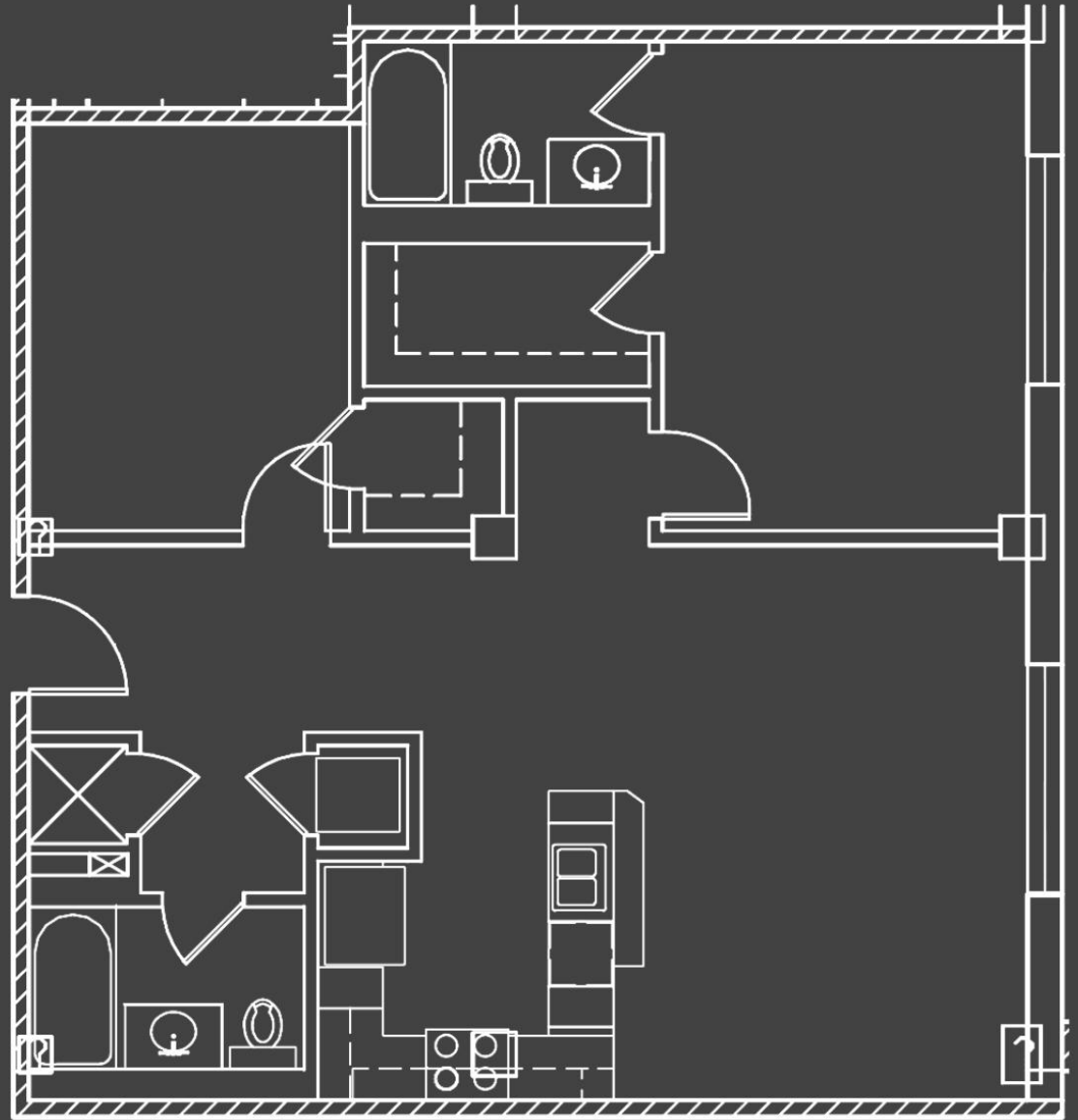
Unit 526

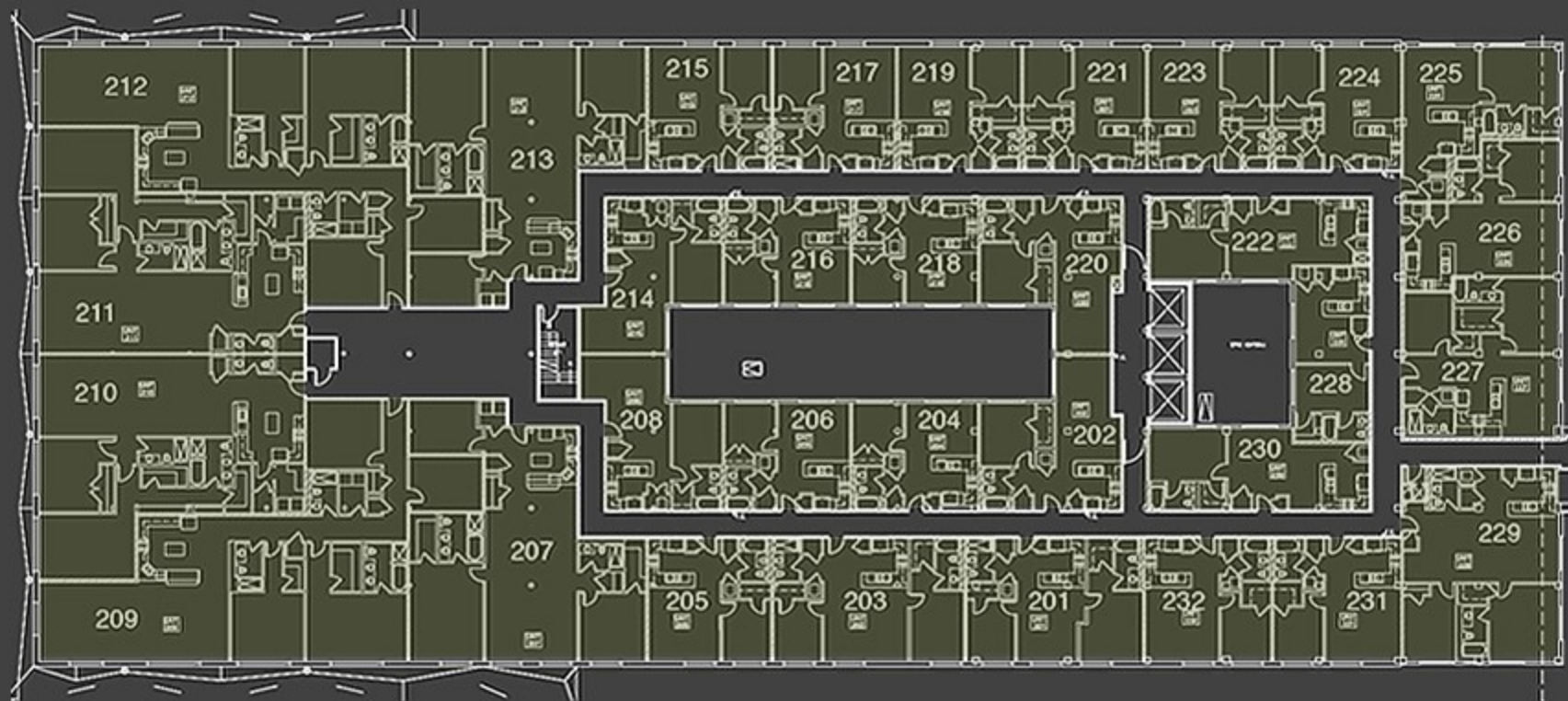
Type of Unit: Condominium

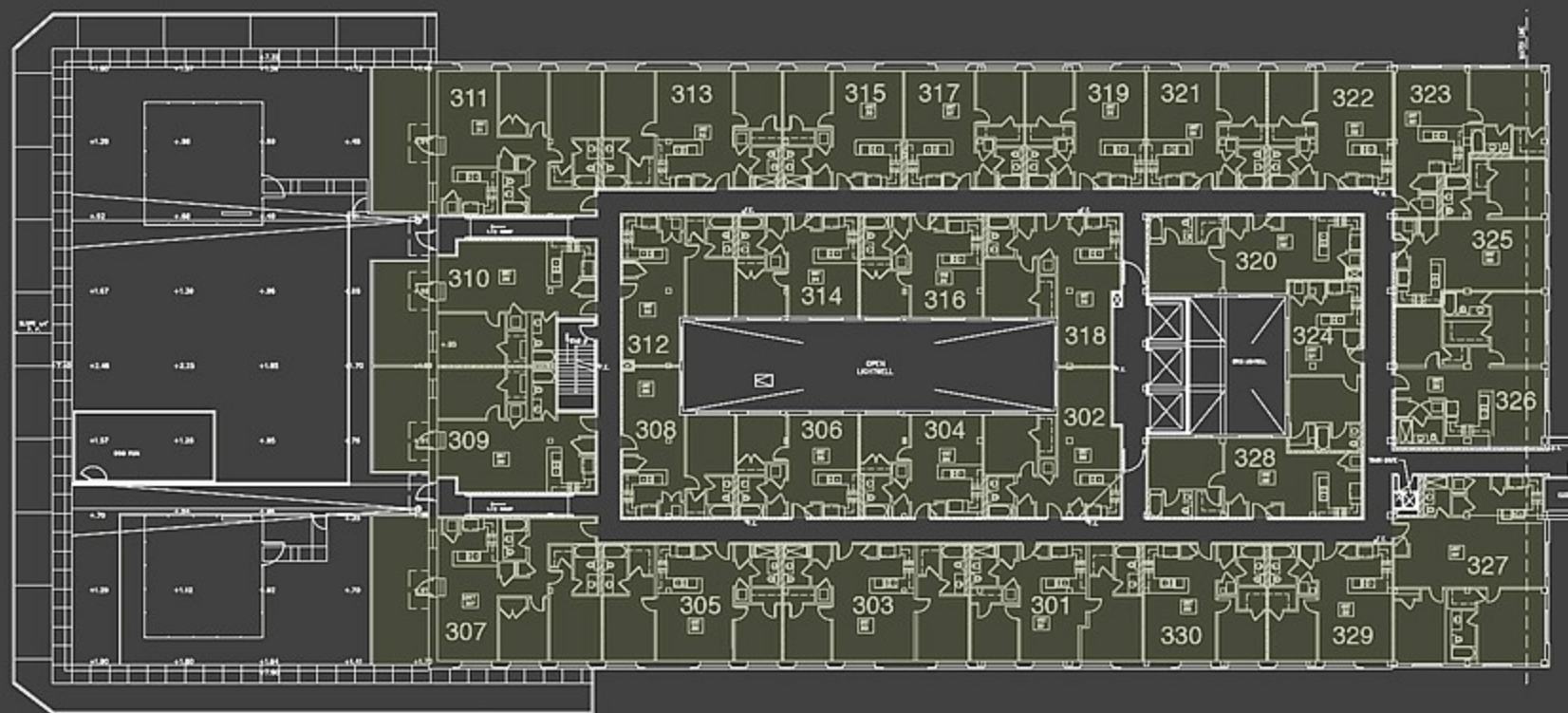
Square feet: 932

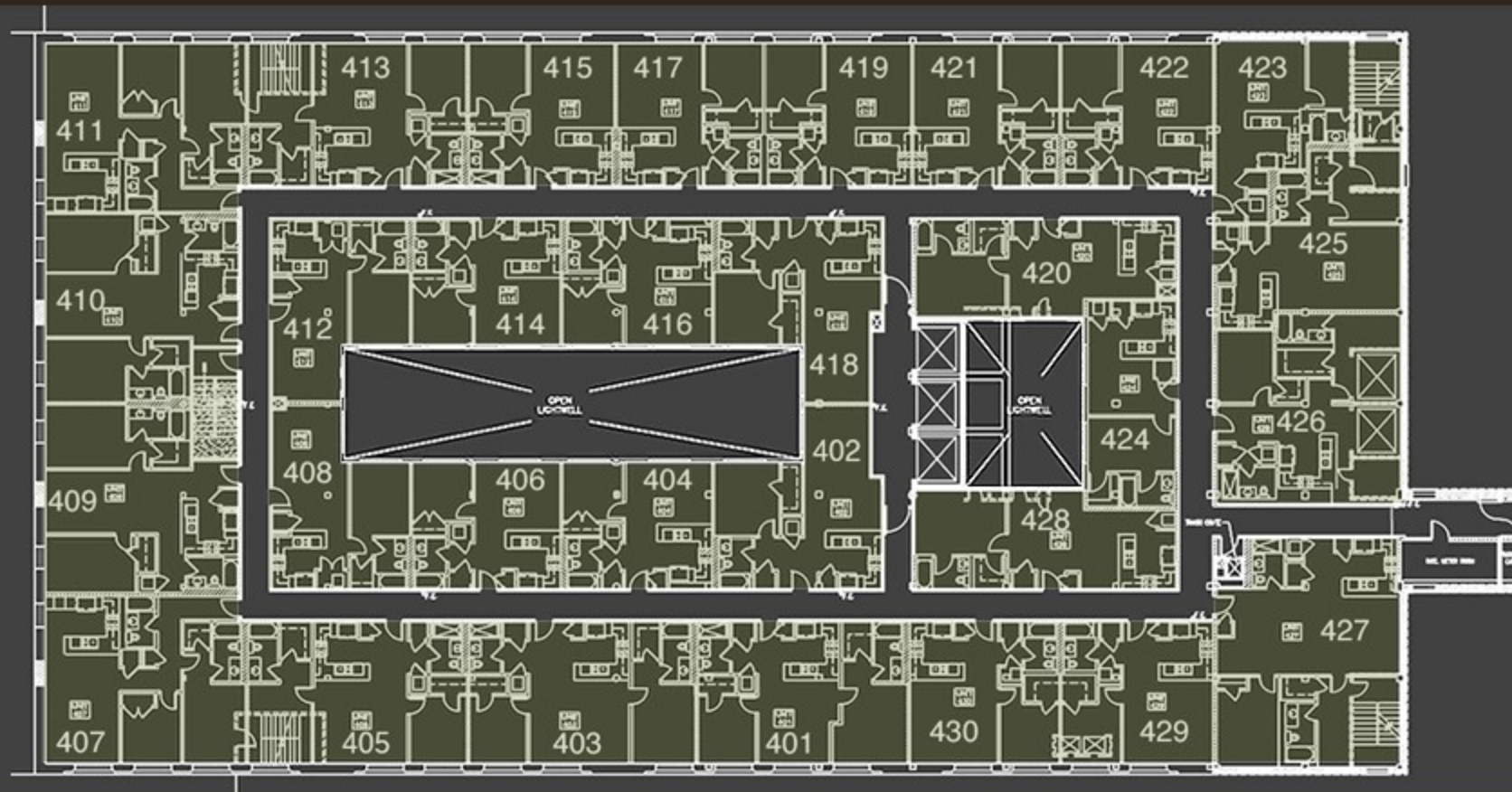
Bedrooms: 2

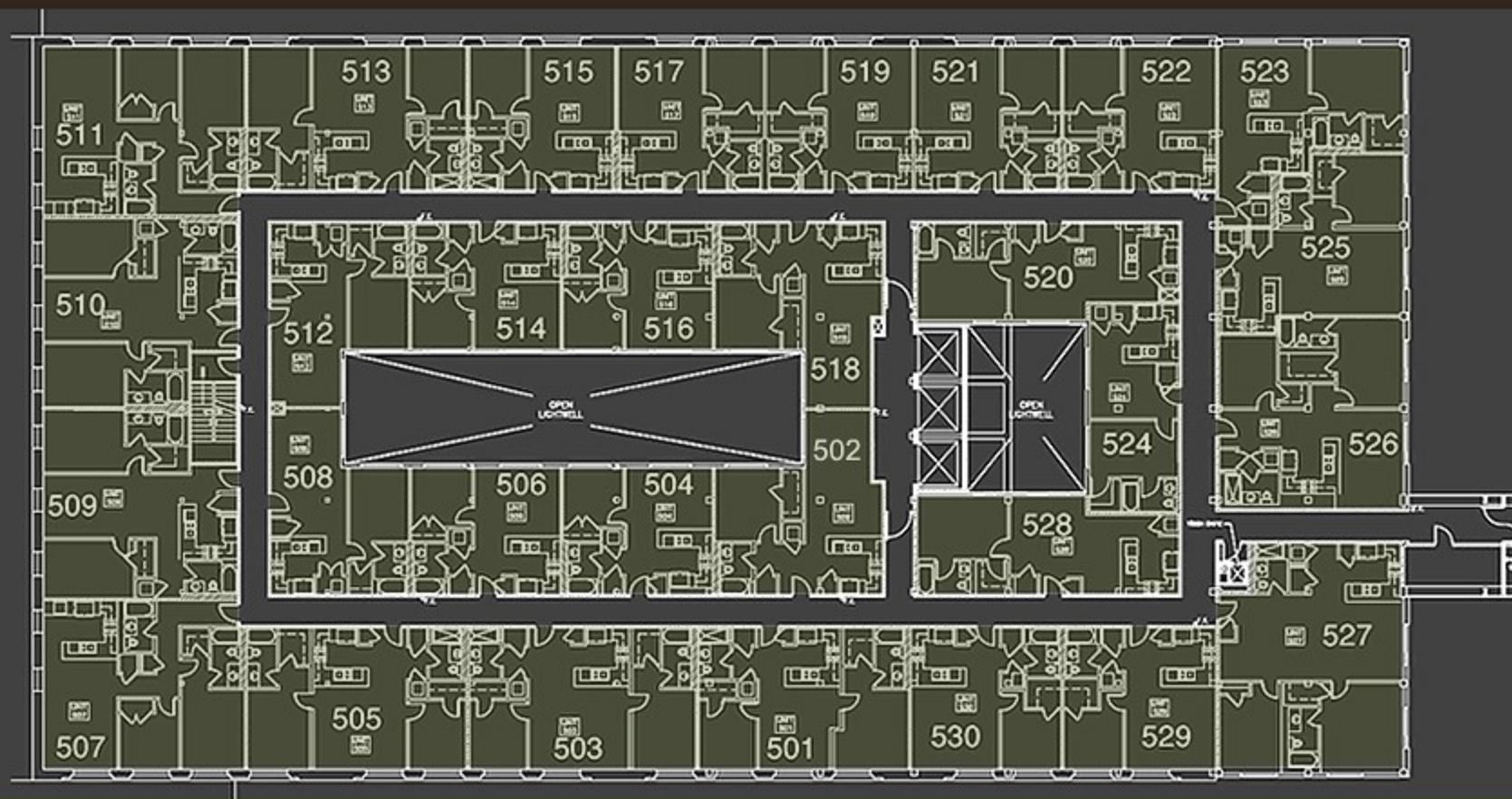
Bathrooms: 2.0































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