

# Residential Renovation

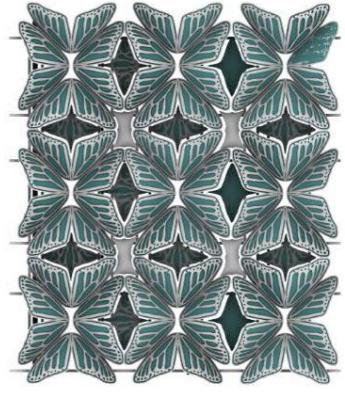
2418 Joseph Street | New Orleans | LA

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① 3D View 52

## GENERAL SCOPE NOTE :

WORK TO BE PAID BY HOMEOWNER  
UNDER SEPARATE CONTRACT  
INCLUDES THE FOLLOWING:

- + NEW WINDOWS
- + RETROFIT OF DOORS TO WINDOWS
- + NEW DOORS AND WINDOWS
- + ADDITIONAL FLOOR TO CEILING HEIGHT  
AT FIRST FLOOR
- + INTERIOR RENOVATION AT FIRST FLOOR
- + ALL INTERIOR WORK BY HOMEOWNER

## Residential Renovation

2418 Joseph Street |  
New Orleans | LA

## COVER

2024.03

G001

**BOUNDARY SURVEY OF  
LOT 6  
SQUARE 87  
SIXTH DISTRICT  
ORLEANS PARISH, LA**

**NASHVILLE AVENUE (SIDE)**

**MAGNOLIA STREET (SIDE)**

**CLARA STREET**

**JOSEPH STREET**

NOTE:

ALL ANGLES ARE 90° UNLESS OTHERWISE NOTED. SOME ITEMS MAY NOT BE TO SCALE FOR CLARITY. DIMENSIONS ON SURVEY PREVAIL OVER THE SCALE. FENCES ARE SHOWN FOR GENERAL INFORMATION PURPOSES ONLY AND DO NOT REFLECT EXACT LOCATION OR CONDITION.

**GENERAL NOTES**

ANGLES AND/OR BEARINGS ARE BASED ON REFERENCE PLAN #1  
REFERENCE PLAN #1: A PLAN OF SURVEY BY J.J. KREBS & SONS DATED JULY 9, 1962

THE SERVITUDES SHOWN ON THIS SURVEY ARE LIMITED TO THOSE FURNISHED US AND THERE IS NO REPRESENTATION THAT ALL APPLICABLE SERVITUDES ARE REFLECTED OR SHOWN HEREON. THE SURVEYOR HAS MADE NO TITLE SEARCH OR PUBLIC RECORD SEARCH IN COMPILED THE DATA FOR THIS SURVEY.

THIS PERIMETER SURVEY SHALL NOT CONSTITUTE A LEGAL OPINION OF TITLE, AND SHALL NOT BE RELIED UPON FOR THAT PURPOSE. THERE IS NO WARRANTY THAT IT CONFORMS TO THE LEGAL TITLE, AND WAS MADE SOLELY ACCORDING TO THE INFORMATION PROVIDED THE SURVEYOR.

**ELEVATION NOTES**

THIS IS CERTIFY THAT SUBJECT PROPERTY IS LOCATED IN THE FOLLOWING FLOOD ZONE, PER FLOOD INSURANCE RATE MAP (FIRM) DATED: 09-30-16  
FLOOD ZONE: AE  
BASE FLOOD ELEVATION: -1.0'  
COMMUNITY PANEL: 22071C 0228 F

THIS IS TO CERTIFY THAT THE PROPERTY BOUNDARY SURVEY RECORDED HEREON WAS MADE ON THE GROUND UNDER MY DIRECT SUPERVISION, AND IS IN ACCORDANCE WITH APPLICABLE STANDARDS OF PRACTICE FOR PROFESSIONAL LAND SURVEYORS AS STIPULATED IN LOUISIANA ADMINISTRATIVE CODE TITLE: 46:LXI, CHAPTER 29 FOR A CLASS "C" (SUBURBAN) SURVEY

MADE AT THE REQUEST OF NICOLE SHAPIRO

BY:

RICHMOND W. KREBS, PLS, LIC. #4836

**R.W. KREBS**  
PROFESSIONAL LAND SURVEYING, LLC  
**RICHMOND W. KREBS, SR., PLLC**  
3445 N. CAUSEWAY BLVD, SUITE 201  
METAIRIE, LA. 70002  
PHONE: (504) 889-9616  
FAX: (504) 889-0916  
E-MAIL: infonola@rkwrebs.com  
WEB: www.rkwrebs.com

DATE: AUGUST 5, 2024

SCALE: 1" = 20'

JOB #: 240979

DRAWN BY: JSN

CHECKED BY: NDK

## ELEVATION CERTIFICATE

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**

<p>Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  <b>2418 JOSEPH STREET</b></p>	<p><b>FOR INSURANCE COMPANY USE</b></p>
<p>City: <b>NEW ORLEANS</b></p>	<p>State: <b>LA</b></p>
	<p>ZIP Code: <b>70115</b></p>
<p>Policy Number: _____</p>	
<p>Company NAIC Number: _____</p>	

## **SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

- C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: GEIODE18 - TOPNET LIVE GPS      Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> NGVD 1929   | <input checked="" type="checkbox"/> NAVD 1988 | <input type="checkbox"/> Other: _____                                    |   |
| Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?  |   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If Yes, describe the source of the conversion factor in the Section D Comments area.   |   |  | Check the measurement used  |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor):   | -2.6  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |   |
| b) Top of the next higher floor (see Instructions):  | 5.6   | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |   |
| c) Bottom of the lowest horizontal structural member (see Instructions):   | N/A   | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |   |
| d) Attached garage (top of slab):  | N/A   | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |   |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building<br>(describe type of M&E and location in Section D Comments area): | -2.6  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |   |
| f) Lowest Adjacent Grade (LAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished                 | -2.6  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |   |
| g) Highest Adjacent Grade (HAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished                | -2.3  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |   |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:  | -2.6  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |   |

**SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. *I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Check here if attachments and describe in the Comments area.

Certifier's Name: HERMINIO CRUZ

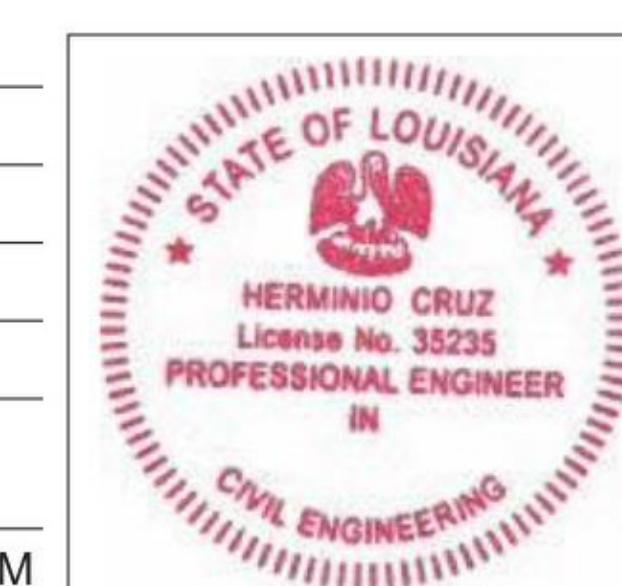
Title: PROFESSIONAL ENGINEER

Company Name: HC ENGINEERING INC

Address: 4650 WASHINGTON AVENUE, SUITE 352

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 02/09/2024



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# Residential Renovation

2418 Joseph Street |  
New Orleans | LA

# SURVEY + BENCHMARK

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program		OMB Control No. 1660-0008 Expiration Date: 06/30/2026
<b>ELEVATION CERTIFICATE</b>		
<b>IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19</b>		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.		
<b>SECTION A – PROPERTY INFORMATION</b>		<b>FOR INSURANCE COMPANY USE</b>
A1. Building Owner's Name: <u>DANIEL &amp; NICOLE SHAPIRO</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>2418 JOSEPH STREET</u>		Company NAIC Number: _____
City: <u>NEW ORLEANS</u>		State: <u>LA</u> ZIP Code: <u>70115</u>
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>LOT 6, SQUARE 87, HURSTVILLE SUBDIVISION, ORLEANS PARISH, LOUISIANA</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>29° 56' 16.22" N</u> Long. <u>90° 06' 47.09" W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>1A</u>		
A8. For a building with a crawlspace or enclosure(s):		
a)	Square footage of crawlspace or enclosure(s): <u>N/A</u>	sq. ft.
b)	Is there at least one permanent flood opening on two different sides of each enclosed area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c)	Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>	
d)	Total net open area of non-engineered flood openings in A8.c: <u>N/A</u>	sq. in.
e)	Total rated area of engineered flood openings in A8.c (attach documentation – see instructions): <u>N/A</u>	sq. ft.
f)	Sum of A8.d and A8.e rated area (if applicable – see instructions): <u>N/A</u>	sq. ft.
A9. For a building with an attached garage:		
a)	Square footage of attached garage: <u>N/A</u>	sq. ft.
b)	Is there at least one permanent flood opening on two different sides of the attached garage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c)	Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>	
d)	Total net open area of non-engineered flood openings in A9.c: <u>N/A</u>	sq. in.
e)	Total rated area of engineered flood openings in A9.c (attach documentation – see instructions): <u>N/A</u>	sq. ft.
f)	Sum of A9.d and A9.e rated area (if applicable – see instructions): <u>N/A</u>	sq. ft.
<b>SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>		
B1.a. NFIP Community Name: <u>CITY OF NEW ORLEANS</u>		B1.b. NFIP Community Identification Number: <u>225203</u>
B2. County Name: <u>ORLEANS PARISH</u>		B3. State: <u>LA</u> B4. Map/Panel No.: <u>22071C 0228</u> B5. Suffix: <u>F</u>
B6. FIRM Index Date: <u>09/30/2016</u>		B7. FIRM Panel Effective/Revised Date: <u>09/30/2016</u>
B8. Flood Zone(s): <u>AE</u>		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>-1.0</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____		
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA		
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 2418 JOSEPH STREET		<b>FOR INSURANCE COMPANY USE</b>																																	
City: <b>NEW ORLEANS</b> State: <b>LA</b> ZIP Code: <b>70115</b>		Policy Number: _____ Company NAIC Number: _____																																	
<b>SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>																																			
<p>C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction            *A new Elevation Certificate will be required when construction of the building is complete.</p> <p>C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a-h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.            Benchmark Utilized: <u>GEIODE18 - TOPNET LIVE GPS</u> Vertical Datum: <u>NAVD 1988</u></p>																																			
<p>Indicate elevation datum used for the elevations in items a) through h) below.</p> <p><input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other: _____</p>																																			
<p>Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If Yes, describe the source of the conversion factor in the Section D Comments area.</p>																																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">a) Top of bottom floor (including basement, crawlspace, or enclosure floor):</td> <td style="width: 20%; text-align: right;">-2.6</td> <td colspan="2" style="width: 20%;">Check the measurement used:</td> </tr> <tr> <td>b) Top of the next higher floor (see Instructions):</td> <td style="text-align: right;">5.6</td> <td><input checked="" type="checkbox"/> feet</td> <td><input type="checkbox"/> meters</td> </tr> <tr> <td>c) Bottom of the lowest horizontal structural member (see Instructions):</td> <td style="text-align: right;">N/A</td> <td><input checked="" type="checkbox"/> feet</td> <td><input type="checkbox"/> meters</td> </tr> <tr> <td>d) Attached garage (top of slab):</td> <td style="text-align: right;">N/A</td> <td><input checked="" type="checkbox"/> feet</td> <td><input type="checkbox"/> meters</td> </tr> <tr> <td>e) Lowest elevation of Machinery and Equipment (M&amp;E) servicing the building (describe type of M&amp;E and location in Section D Comments area):</td> <td style="text-align: right;">-2.6</td> <td><input checked="" type="checkbox"/> feet</td> <td><input type="checkbox"/> meters</td> </tr> <tr> <td>f) Lowest Adjacent Grade (LAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished</td> <td style="text-align: right;">-2.6</td> <td><input checked="" type="checkbox"/> feet</td> <td><input type="checkbox"/> meters</td> </tr> <tr> <td>g) Highest Adjacent Grade (HAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished</td> <td style="text-align: right;">-2.3</td> <td><input checked="" type="checkbox"/> feet</td> <td><input type="checkbox"/> meters</td> </tr> <tr> <td>h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:</td> <td style="text-align: right;">-2.6</td> <td><input checked="" type="checkbox"/> feet</td> <td><input type="checkbox"/> meters</td> </tr> </table>				a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	-2.6	Check the measurement used:		b) Top of the next higher floor (see Instructions):	5.6	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	c) Bottom of the lowest horizontal structural member (see Instructions):	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	d) Attached garage (top of slab):	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	-2.6	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	f) Lowest Adjacent Grade (LAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished	-2.6	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	g) Highest Adjacent Grade (HAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished	-2.3	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	-2.6	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	-2.6	Check the measurement used:																																	
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<b>SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>																																			
<p>This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. <i>I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.</i></p>																																			
<p>Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																																			
<p><input type="checkbox"/> Check here if attachments and describe in the Comments area.</p>																																			
<p>Certifier's Name: <u>HERMINIO CRUZ</u> License Number: <u>35235</u></p>																																			
<p>Title: <u>PROFESSIONAL ENGINEER</u></p>																																			
<p>Company Name: <u>HC ENGINEERING INC</u></p>																																			
<p>Address: <u>4650 WASHINGTON AVENUE, SUITE 352</u></p>																																			
<p>City: <u>NEW ORLEANS</u> State: <u>LA</u> ZIP Code: <u>70125</u></p>																																			
<p>Signature: _____ Date: <u>02/09/2024</u></p>																																			
<p>Telephone: <u>(504) 454-0500</u> Ext.: _____ Email: <u>HCRUZ@HC-ENGINEERING.COM</u></p>																																			
<p>Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.</p>																																			
<p>Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):</p>																																			
<p>LATITUDE/LONGITUDE OBTAINED BY GPS            C2e) REFERS TO WATER HEATER            STREET CENTERLINE ELEVATION = -2.7' NAVD88            TOP OF CURB ELEVATION = -2.7' NAVD88            TEMPORARY BENCHMARK IS A 60d NAIL ON WOOD POWER POLE AT MEDIAN @ ELEVATION 1.0' NAVD88</p>																																			

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 2418 JOSEPH STREET		<b>FOR INSURANCE COMPANY USE</b>	
City: NEW ORLEANS      State: LA      ZIP Code: 70115		Policy Number: _____	
		Company NAIC Number: _____	

**SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED)  
FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)**

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

**E1.** Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_  feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_  feet  meters  above or  below the LAG.

**E2.** For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: \_\_\_\_\_  feet  meters  above or  below the HAG.

**E3.** Attached garage (top of slab) is: \_\_\_\_\_  feet  meters  above or  below the HAG.

**E4.** Top of platform of machinery and/or equipment servicing the building is: \_\_\_\_\_  feet  meters  above or  below the HAG.

**E5.** Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown The local official must certify this information in Section G.

**SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

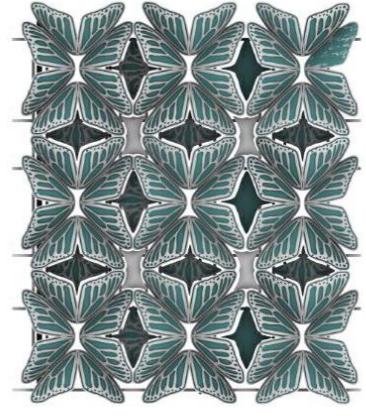
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Comments:

FEMA Form FF-206-FY-22-152 (formerly 086-0-33) (10/22)

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<https://mariefrench.netlify.app/>

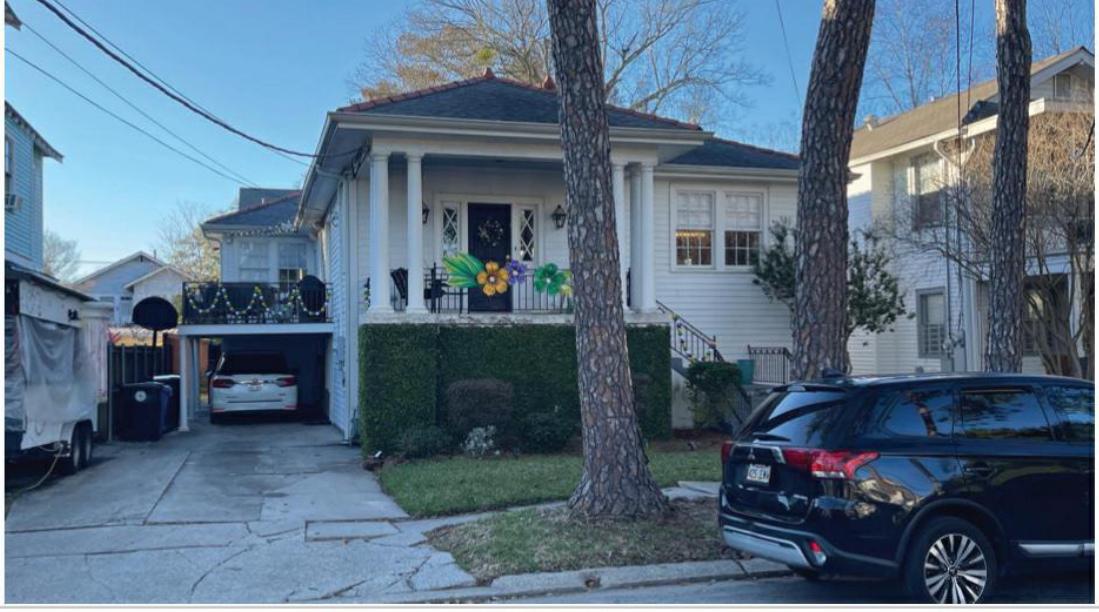
# Residential Renovation

2418 Joseph Street |  
New Orleans | LA

# ELEVATION CERTIFICATE

2024.03

G003

<b>ELEVATION CERTIFICATE</b>		
<b>IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19</b>		
<b>BUILDING PHOTOGRAPHS</b>		
See Instructions for Item A6.		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 2418 JOSEPH STREET		<b>FOR INSURANCE COMPANY USE</b>
City: <u>NEW ORLEANS</u> State: <u>LA</u> ZIP Code: <u>70115</u>		Policy Number: _____ Company NAIC Number: _____
<p>Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.</p>		
		
Photo One		
Photo One Caption: FRONT VIEW 02/09/2024		
		
Photo Two		
Photo Two Caption: RIGHT VIEW 02/09/2024		

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**BUILDING PHOTOGRAPHS**

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
2418 JOSEPH STREET

City: NEW ORLEANS State: LA ZIP Code: 70115

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

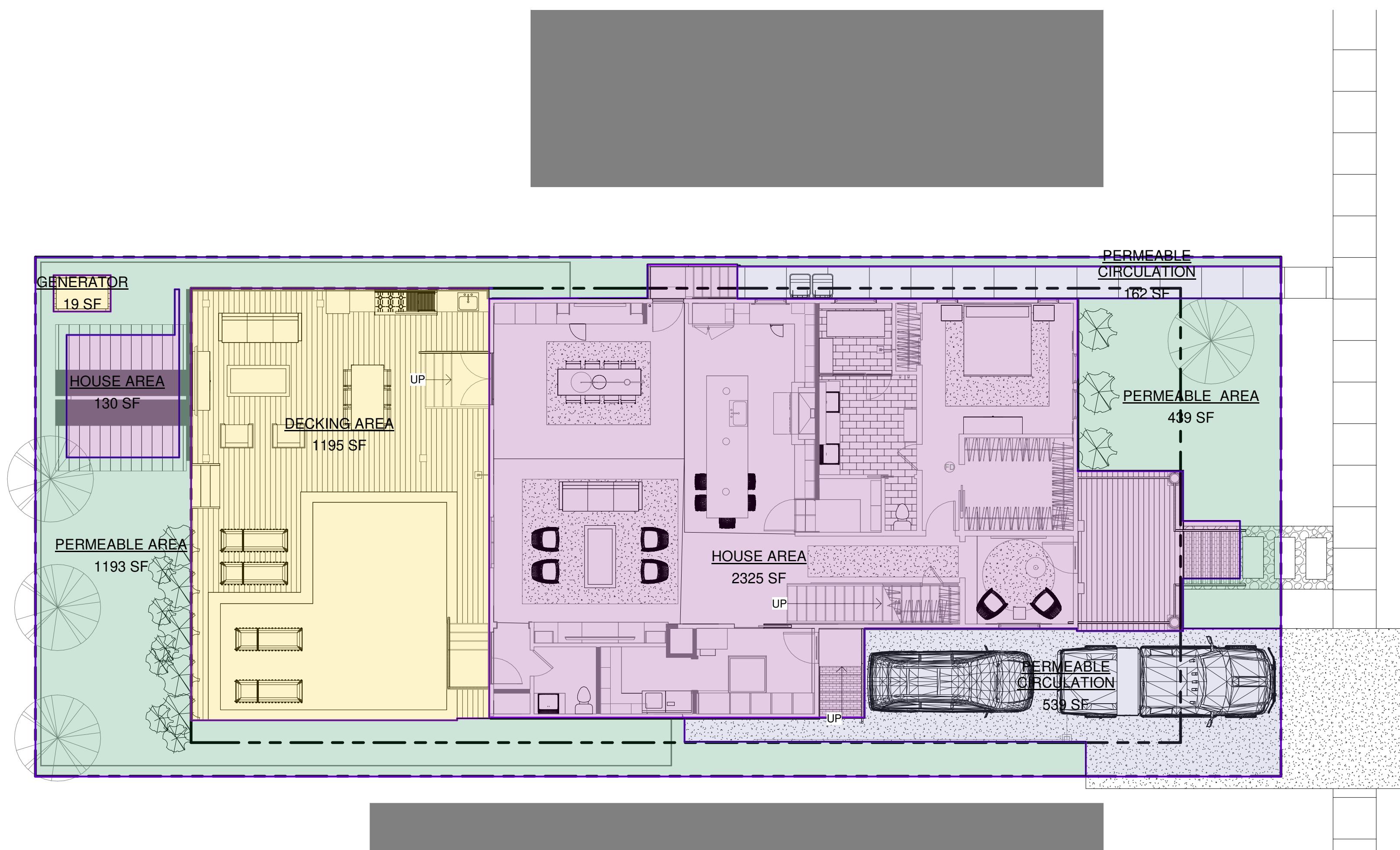
Photo Three Caption: REAR VIEW 02/09/2024

Photo Four

Photo Four Caption: LEFT VIEW 02/09/2024

FEMA Form FF-206-FY-22-152 (formerly 086-0-33) (10/22)

Page 8 of 19



1 FIRST FLOOR js  
1/8" = 1'-0"

Area Schedule...	
Name	Area
DECKING AREA	1195 SF
GENERATOR	19 SF
HOUSE AREA	2325 SF
HOUSE AREA	130 SF

Area Schedule...	
Name	Area
PERMEABLE AREA	439 SF
PERMEABLE AREA	1193 SF
PERMEABLE CIRCULATION	162 SF
PERMEABLE CIRCULATION	539 SF

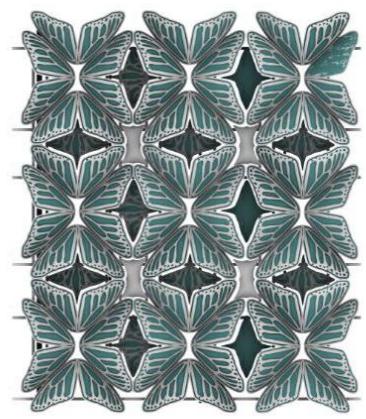
**TOTAL AREA: 6003 SQFT**

**NON PERMEABLE AREA: 3,669 SQFT**

**PERMEABLE AREA: 2333 SQFT**

**30% OF PERMEABLE AREA:  $6003(.30) = 1800.$**

**1800.9 SQFT < 2333 SQFT**



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# Residential Renovation

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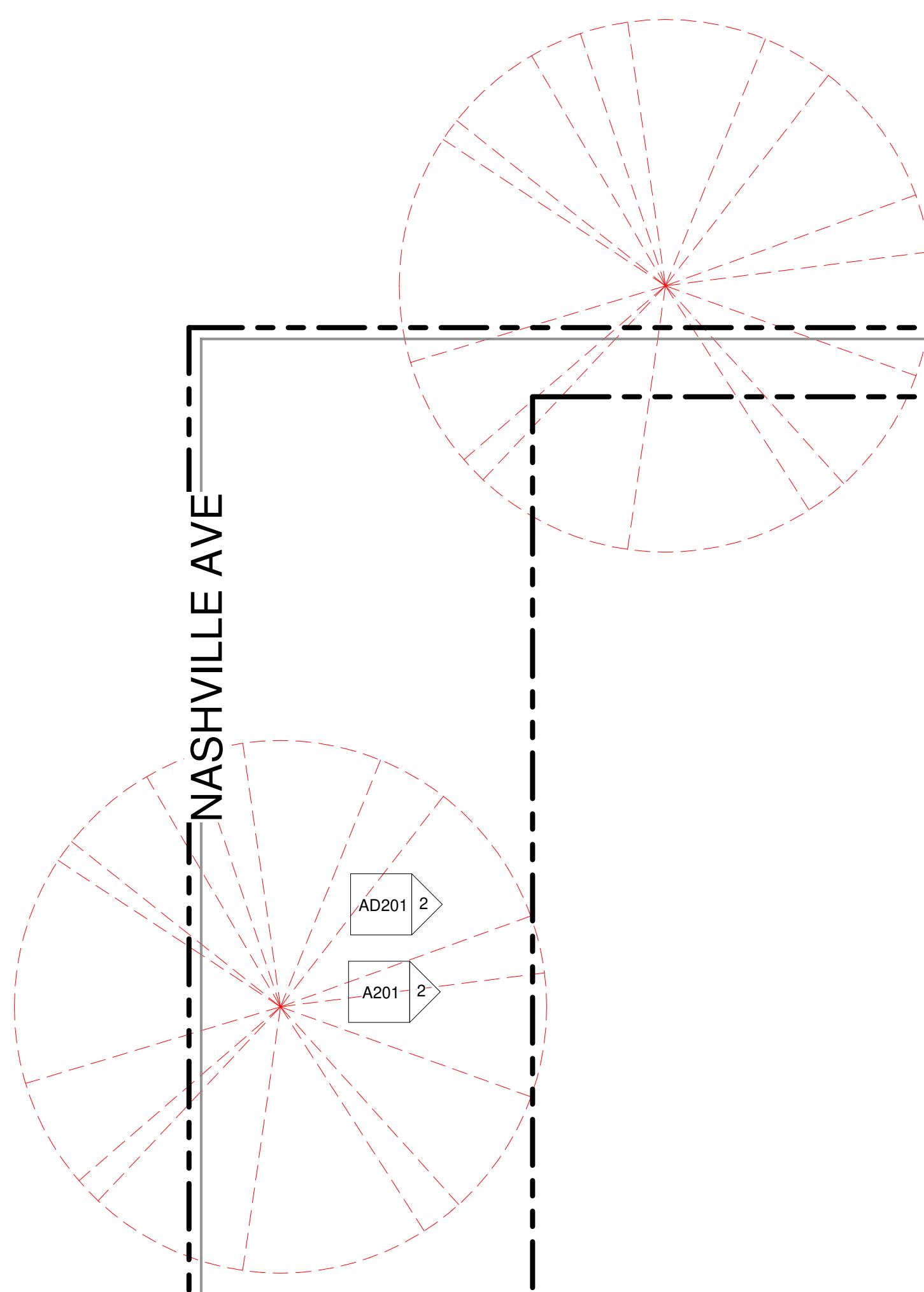
# PERMIABLE AREA

2024.03

G004

# CLARA STREET

**ASHVILLE AVE**



100

## 1 DEMO site plan

MAGNOLIA STREET

A black arrow pointing upwards and to the left, enclosed in a circle, positioned next to the letter 'N'.

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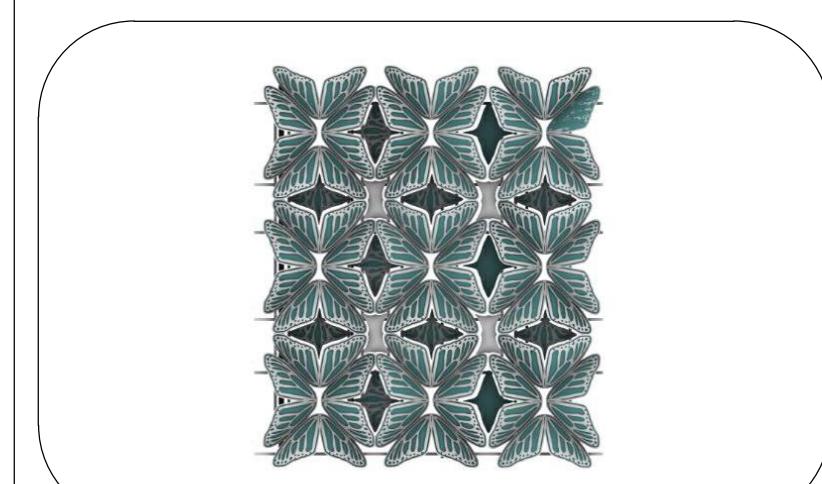
# Residential Renovation

2418 Joseph Street |  
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# DEMO site plan

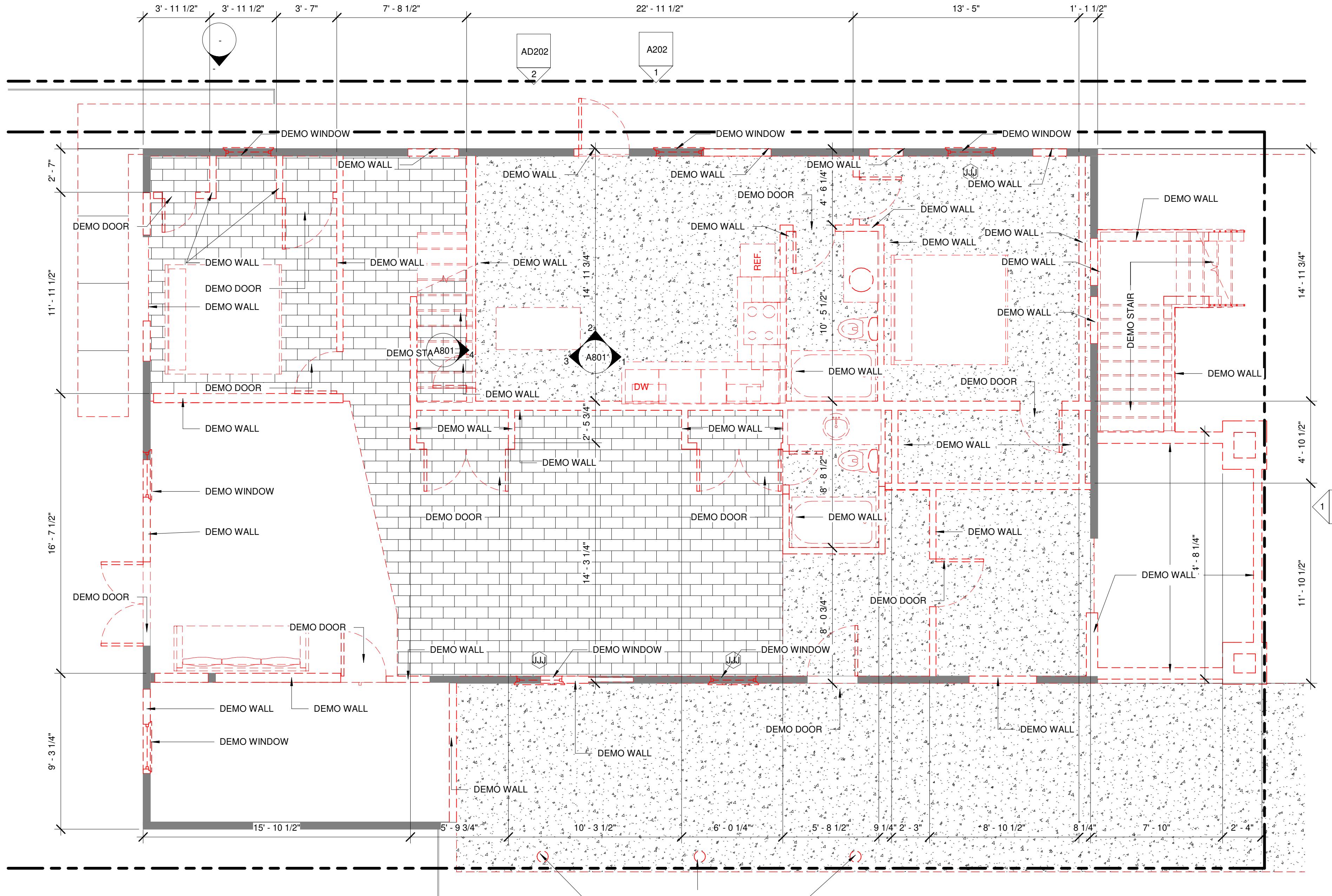
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# AD100



---

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1 First Floor DEMO1  
1/4" = 1'-0"

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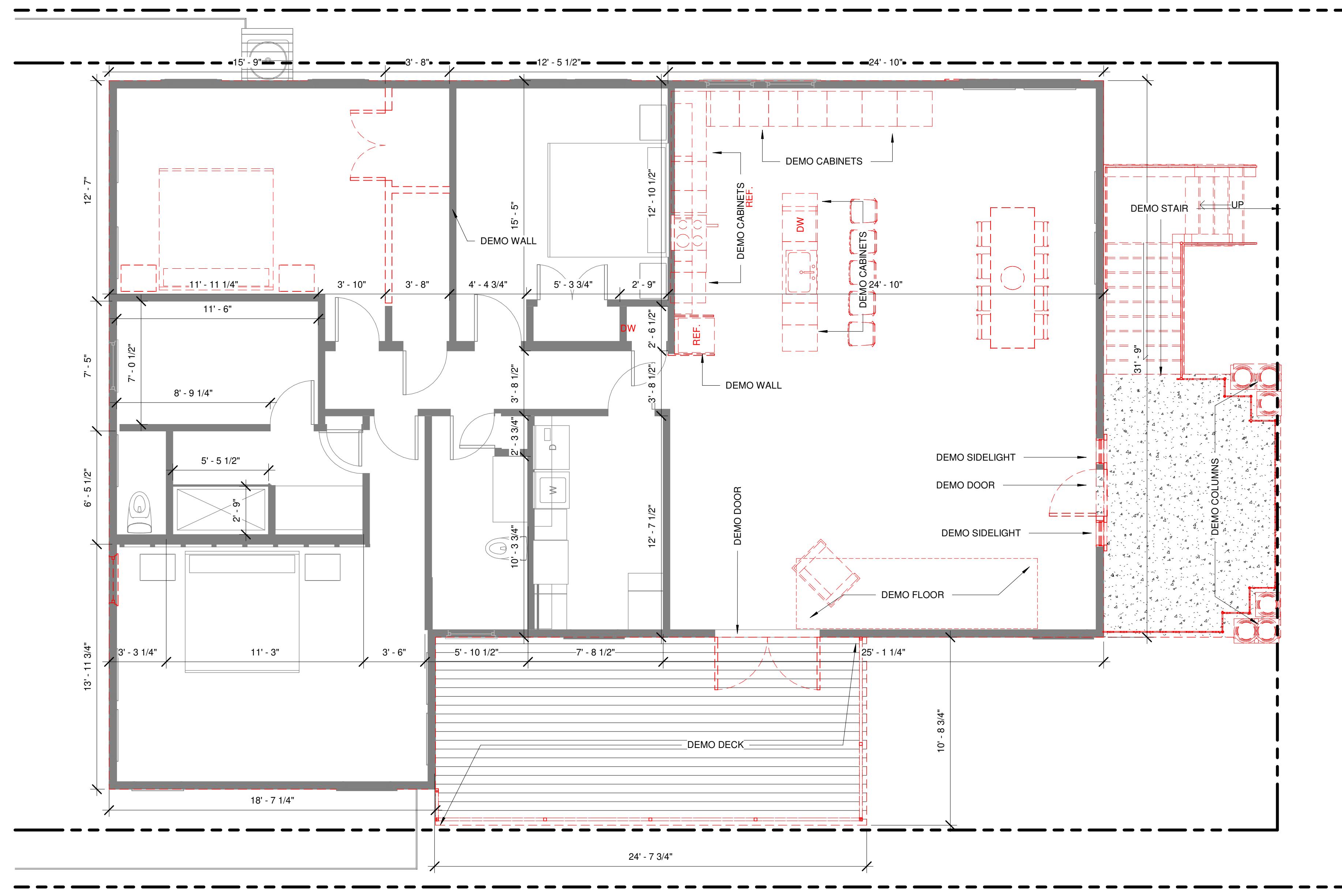
# DEMO FLOOR PLAN

## **EXISTING WALL :**

## **DEMOED WALL :**

2024.03

# AD101



## 1 Roof (DEMO) 1/4" = 1'-0"

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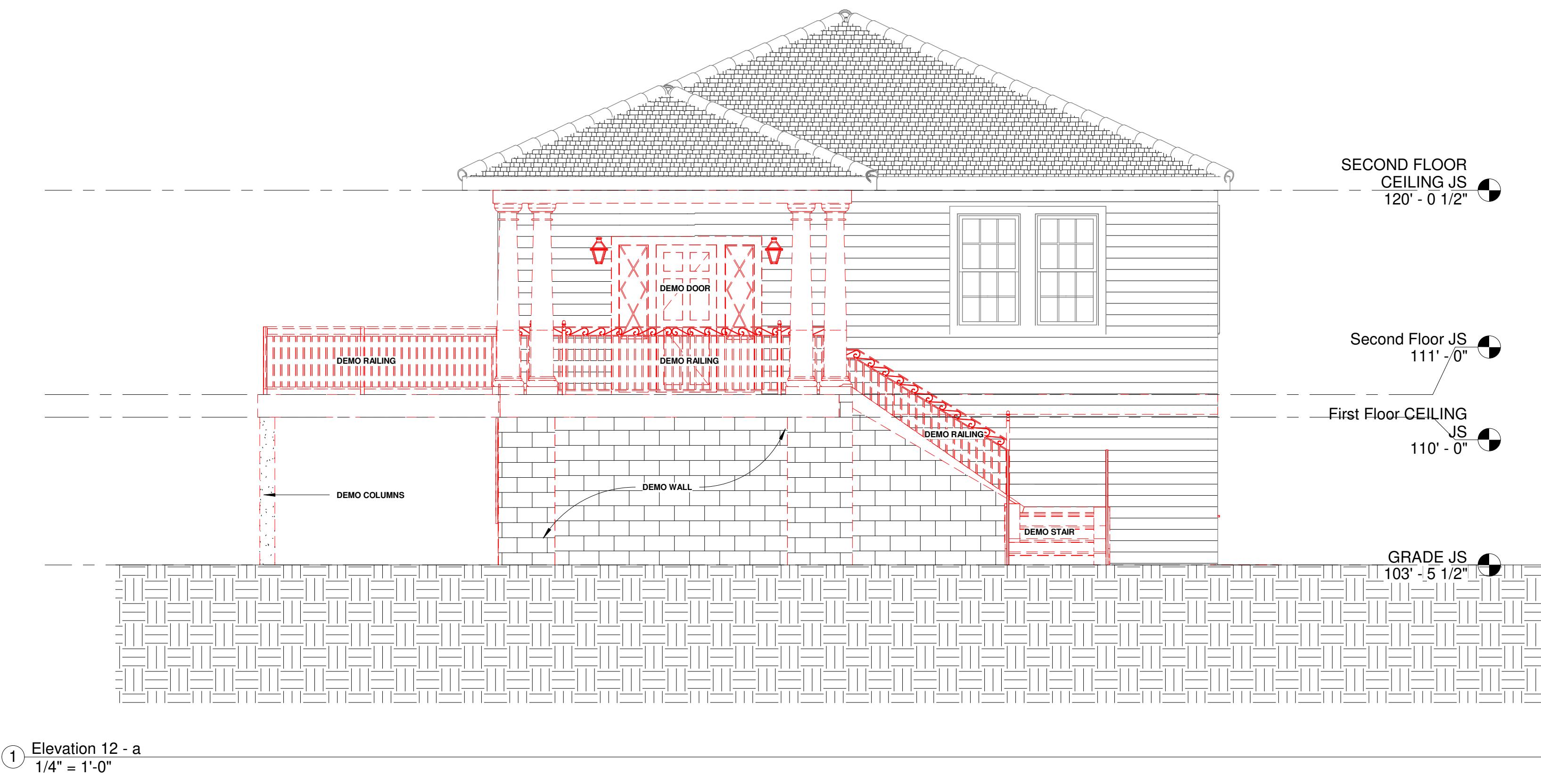
# Residential Renovation

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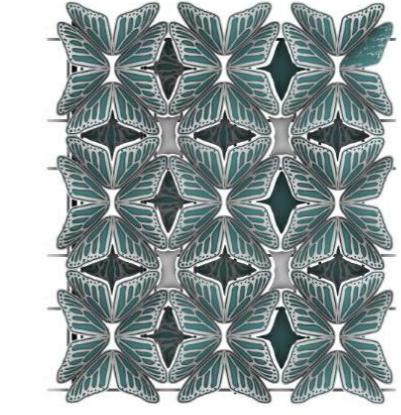
# SECOND FLOOR, ROOF PLAN

2024.03

# AD102



**1** Elevation 12 - a  
1/4" = 1'-0"



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# Residential Renovation

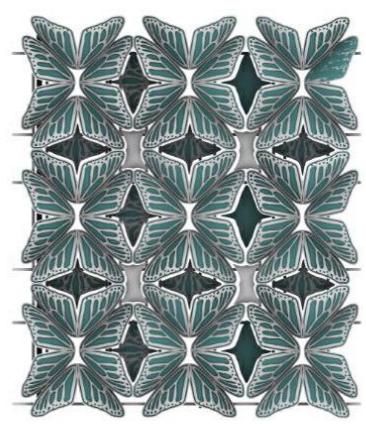
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# DEMO ELEVATIONS

2024.03



**(2)** Elevation 13 - a  
1/4" = 1'-0"



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No.	Description	Date
1	SITE VISIT	01.19.2024
3	02 CM	03.07.2024
5	04 CM	03.27.2024
6	05CM	04.29.2024
7	06 CM	06.12.2024

## Residential Renovation

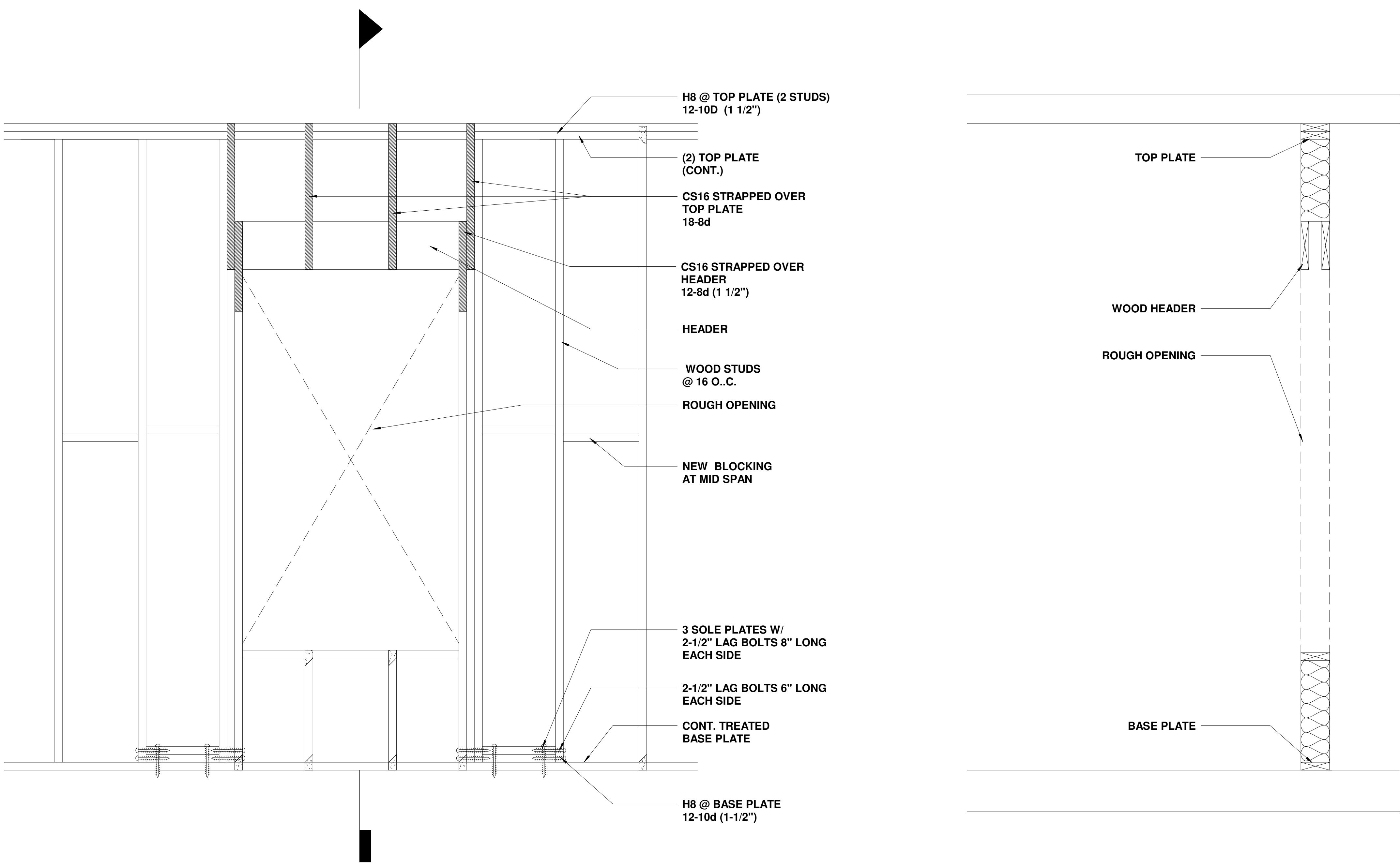
2418 Joseph Street |  
New Orleans | LA



## DEMO ELEVATIONS

2024.03

AD202



# Framing Elevation

## Framing Section

## Opening Header Schedule:

first floor (2) 2x12's

second floor (2) 2x10 @ 3'-0" to 6'-0" openings  
(2) 2x6's @ openings less the 3'-0"

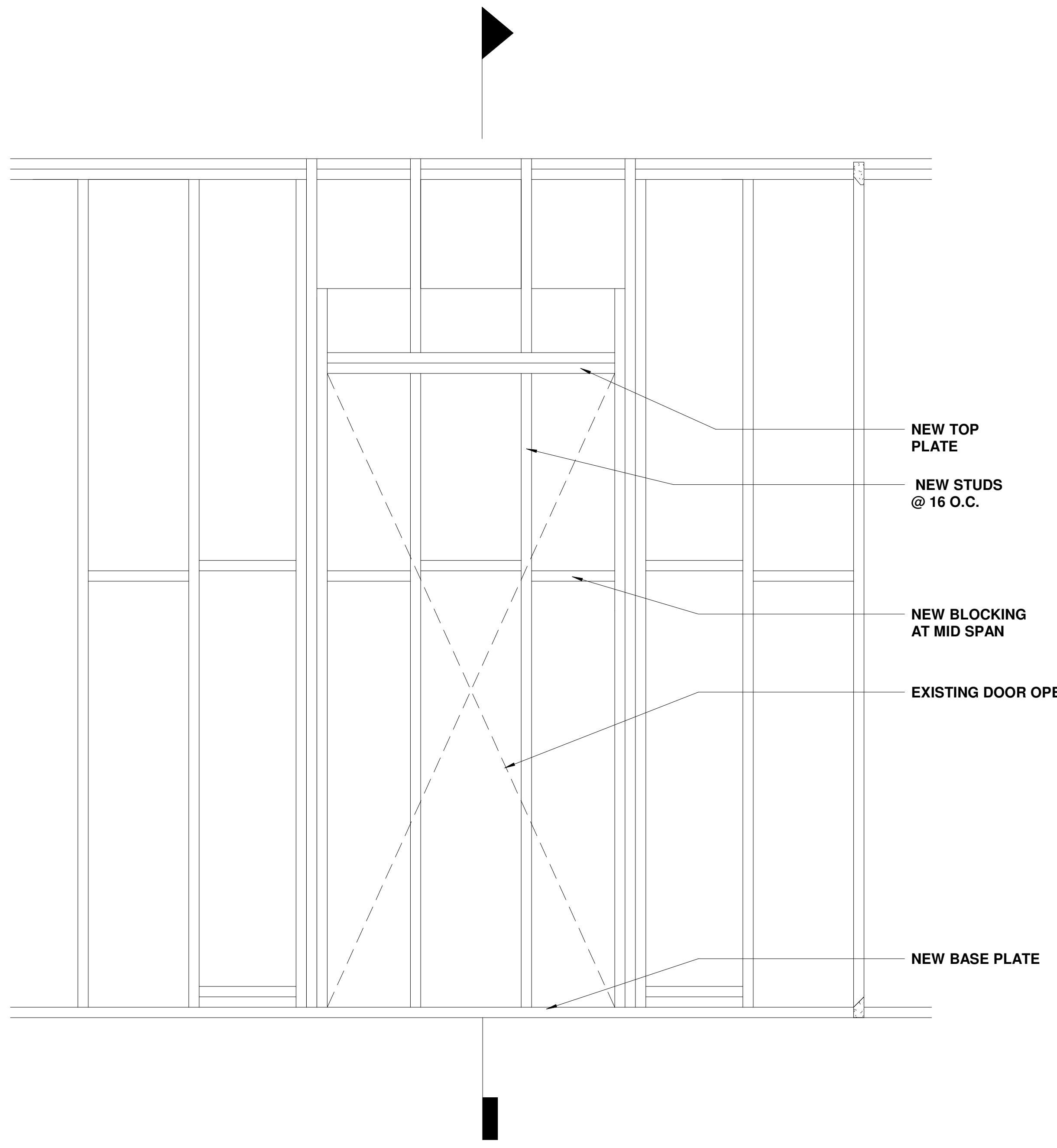
**TYP. OPENING DETAIL\_NEW WINDOW  
OPENING IN EXISTING WALL**

# Residential Renovation

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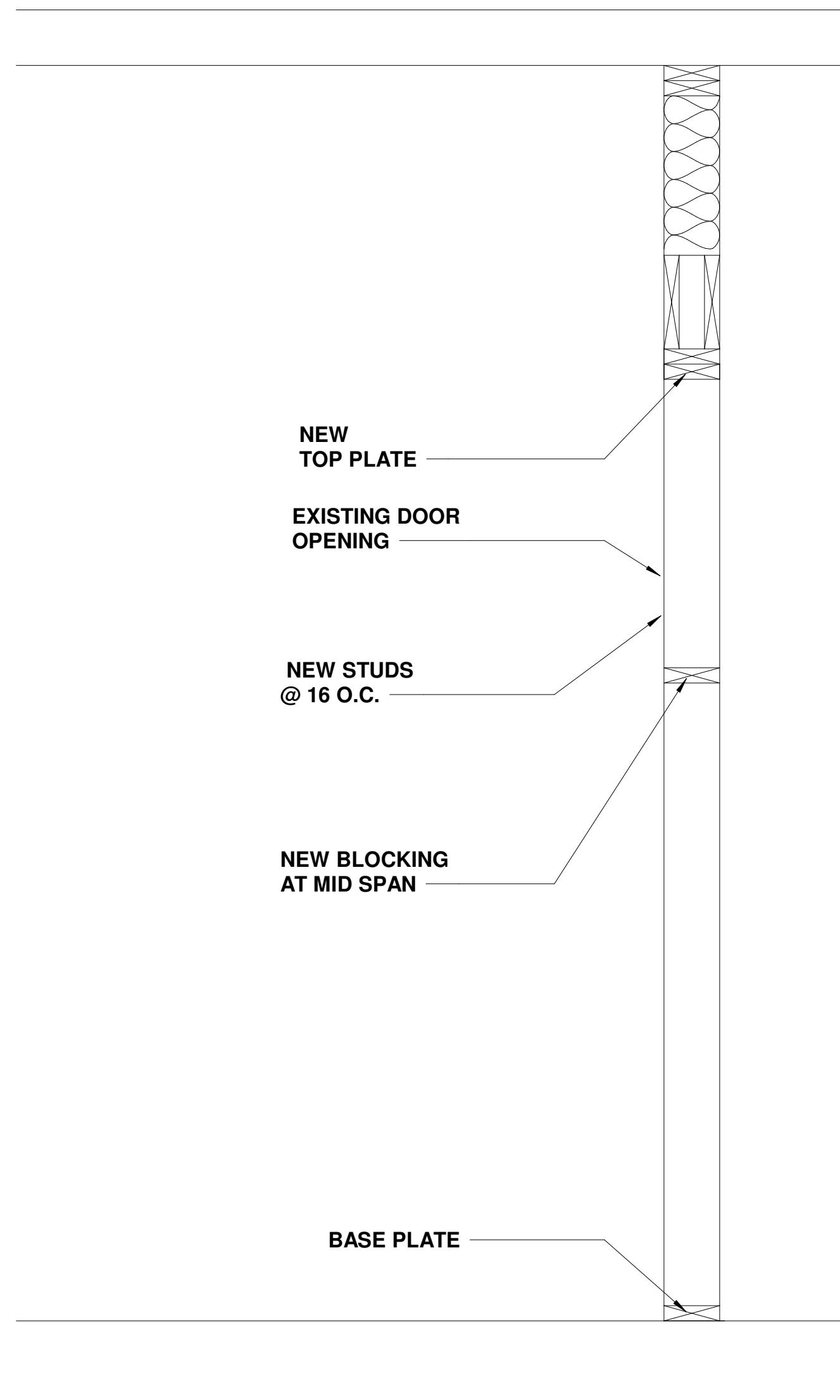
# NEW OPENING DETAIL

2024.03



## Framing Elevation

**1** TYP. OPENING DETAIL FRMING INFILL  
AT EXISTING DOOR TO BE REMOVED  
1" = 1'-0"



## Framing Section

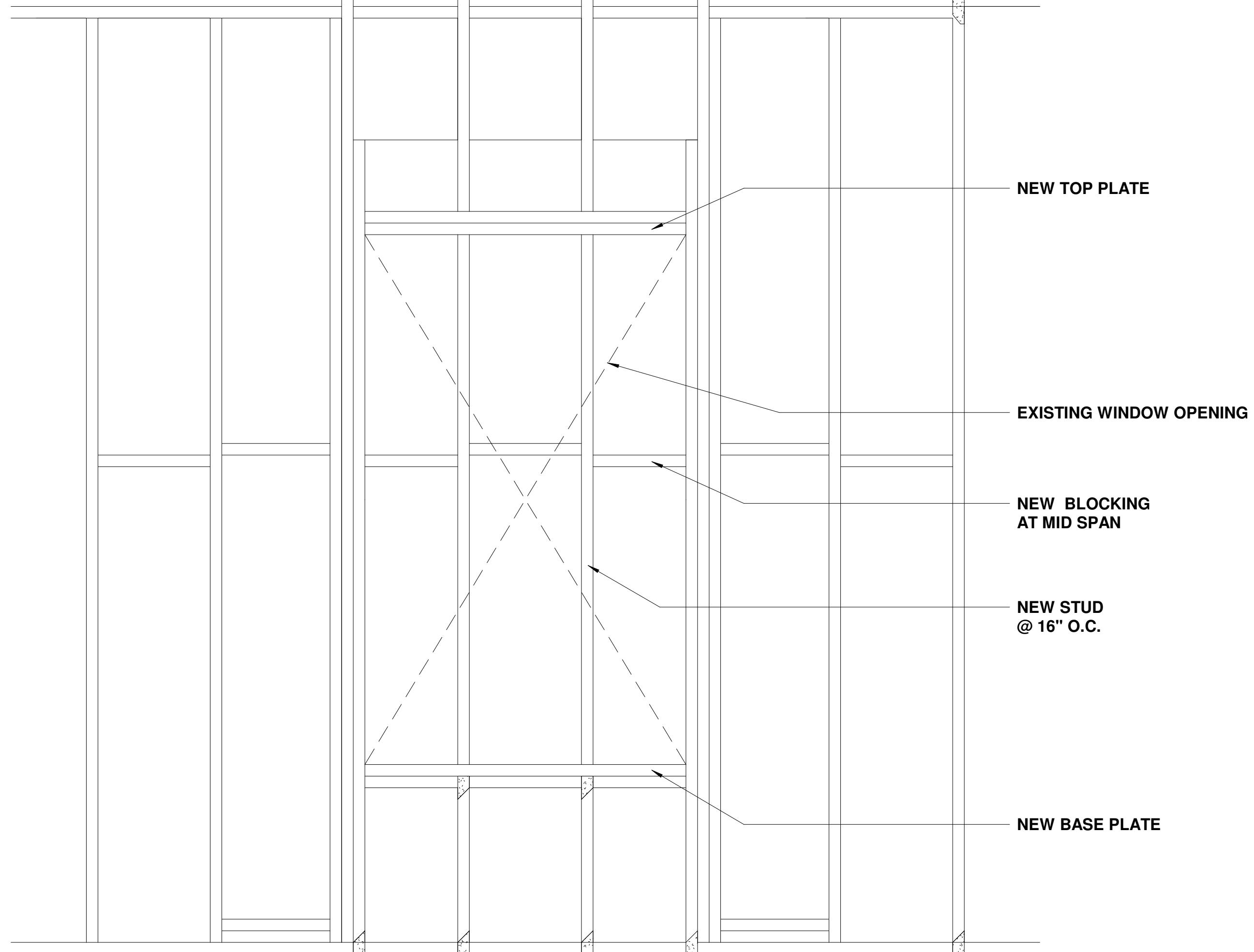
2024.03

A repeating pattern of stylized butterflies in teal and grey. The butterflies have large, fan-shaped wings with intricate patterns and a central dark blue diamond shape. They are arranged in a grid-like fashion.

# Residential Renovation

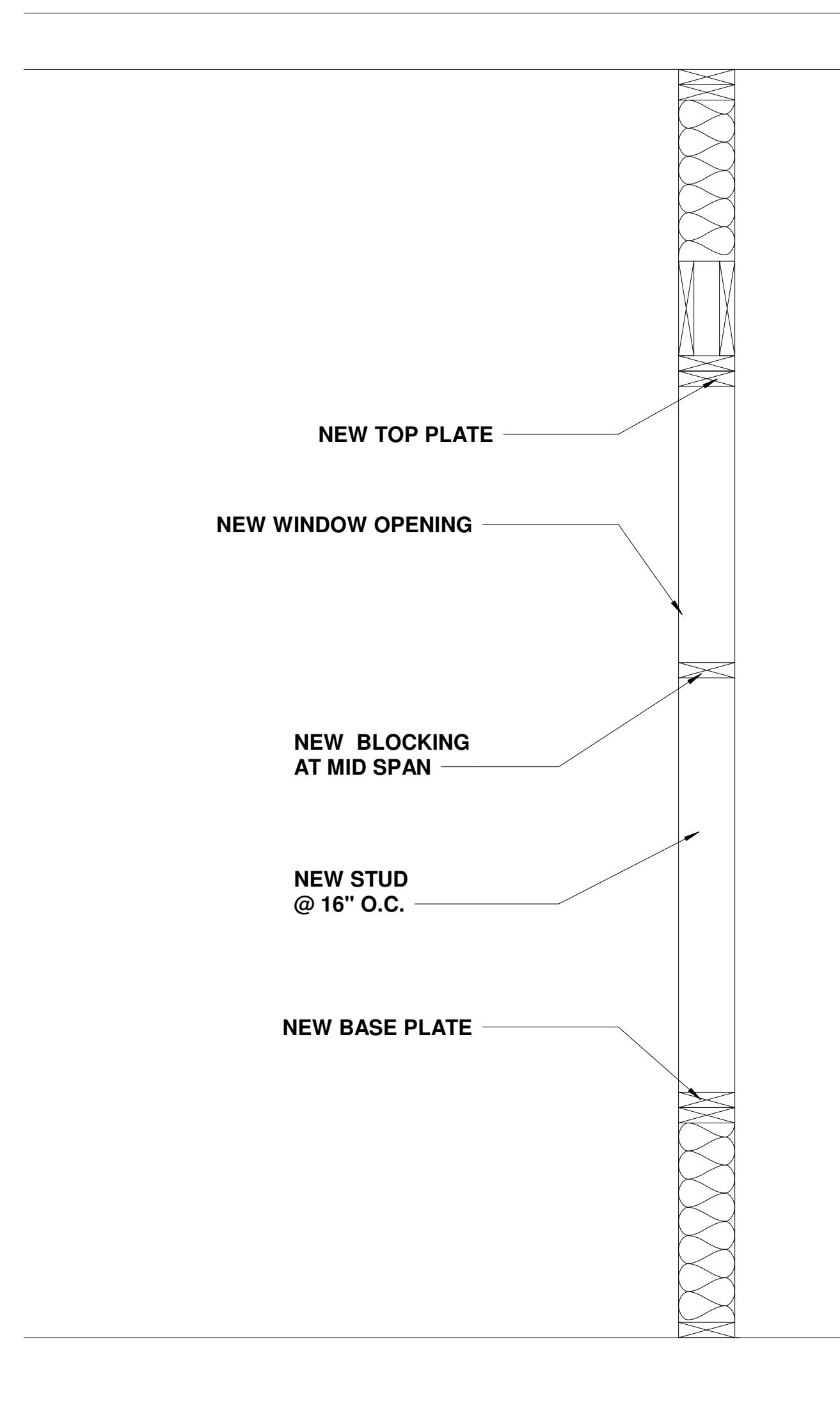
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# DOOR OPENING INFILL DETAIL



# Framing Elevation

**TYP. OPENING DETAIL \_ FRMING INFILL  
AT EXISTING DOOR TO BE REMOVED**



## Framing Section

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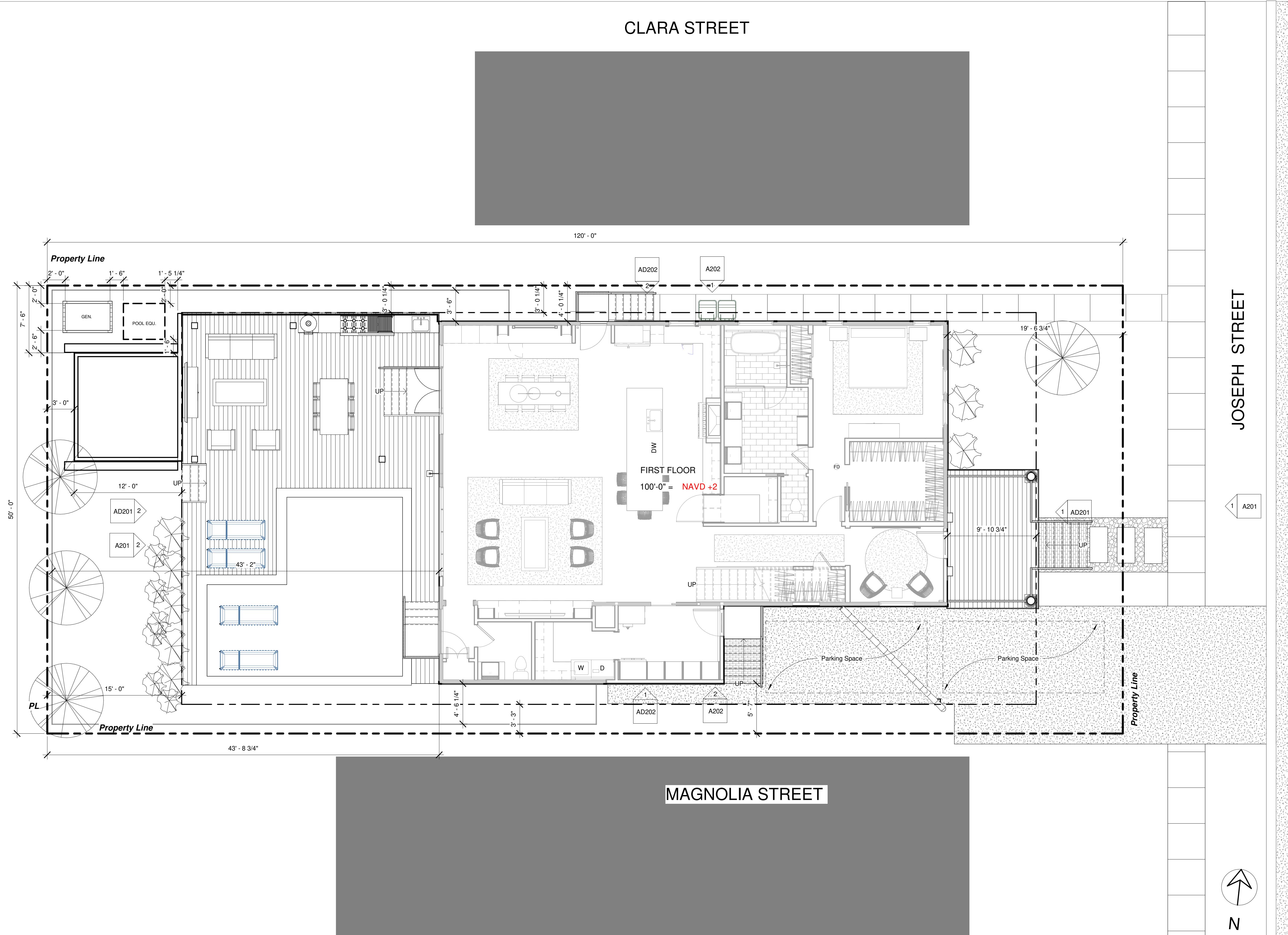
# Residential Renovation

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# WINDOW OPENING INFILL DETAIL

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A003



1/15/2025 11:53:04 AM

**1 SITE PLAN**  
3/16" = 1'-0"

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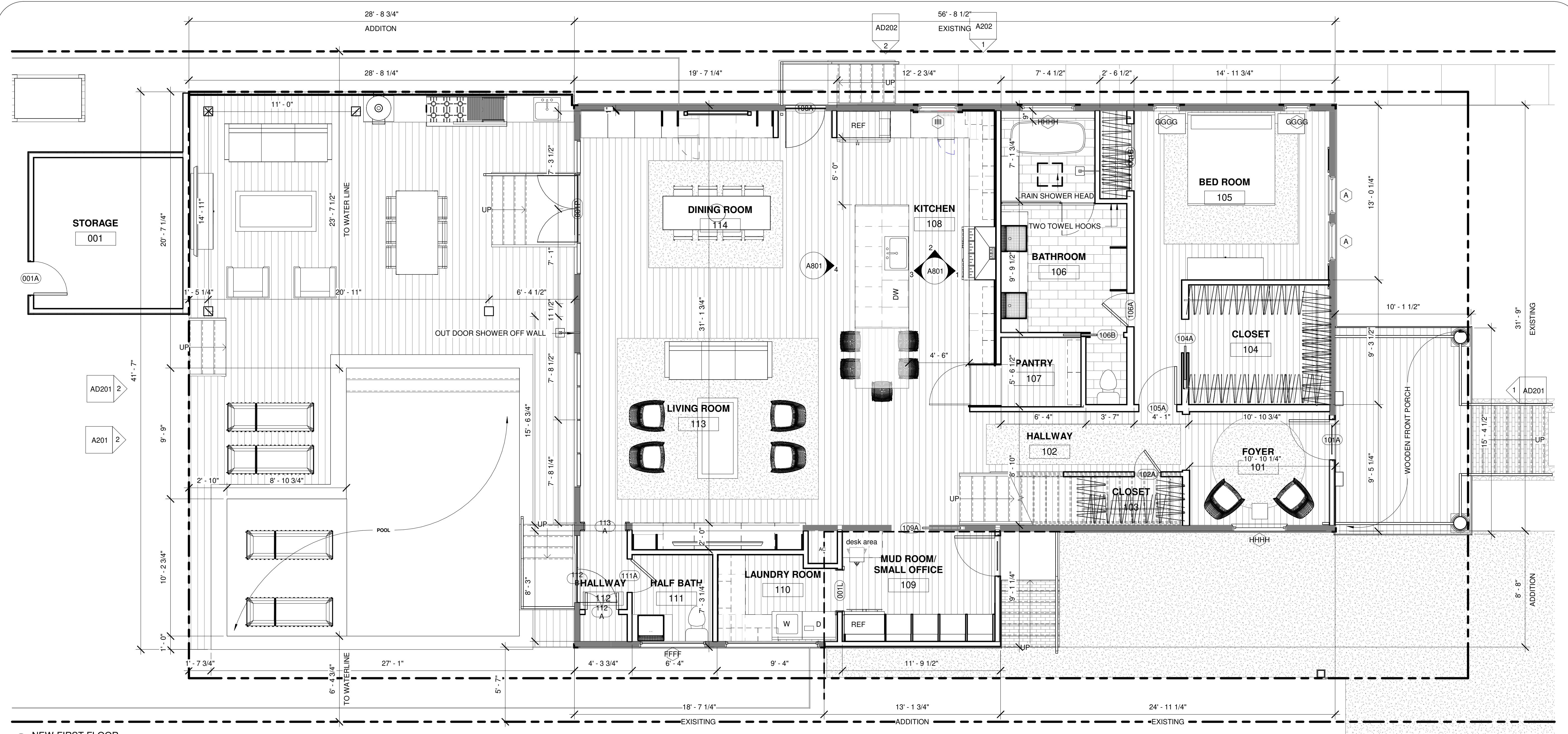
# Residential Renovation

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# SITE PLAN

2024.03

A050



# Notes:

All Dimensions To New Walls Are To Face  
Of Stud Unless Otherwise Noted.

All Dimensions To Existing Walls Are To Face  
Of Existing Wall Gypsum Unless Otherwise Noted.



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# Residential Renovation

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# FIRST FLOOR

#### **EXISTING WALLS**

## **NEW WALL :**

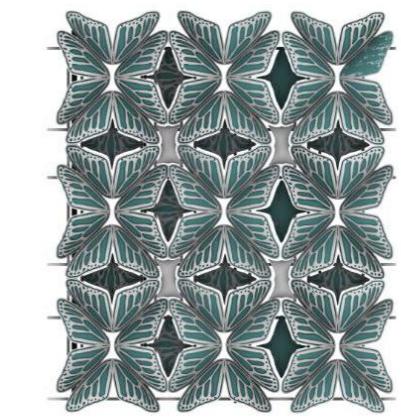
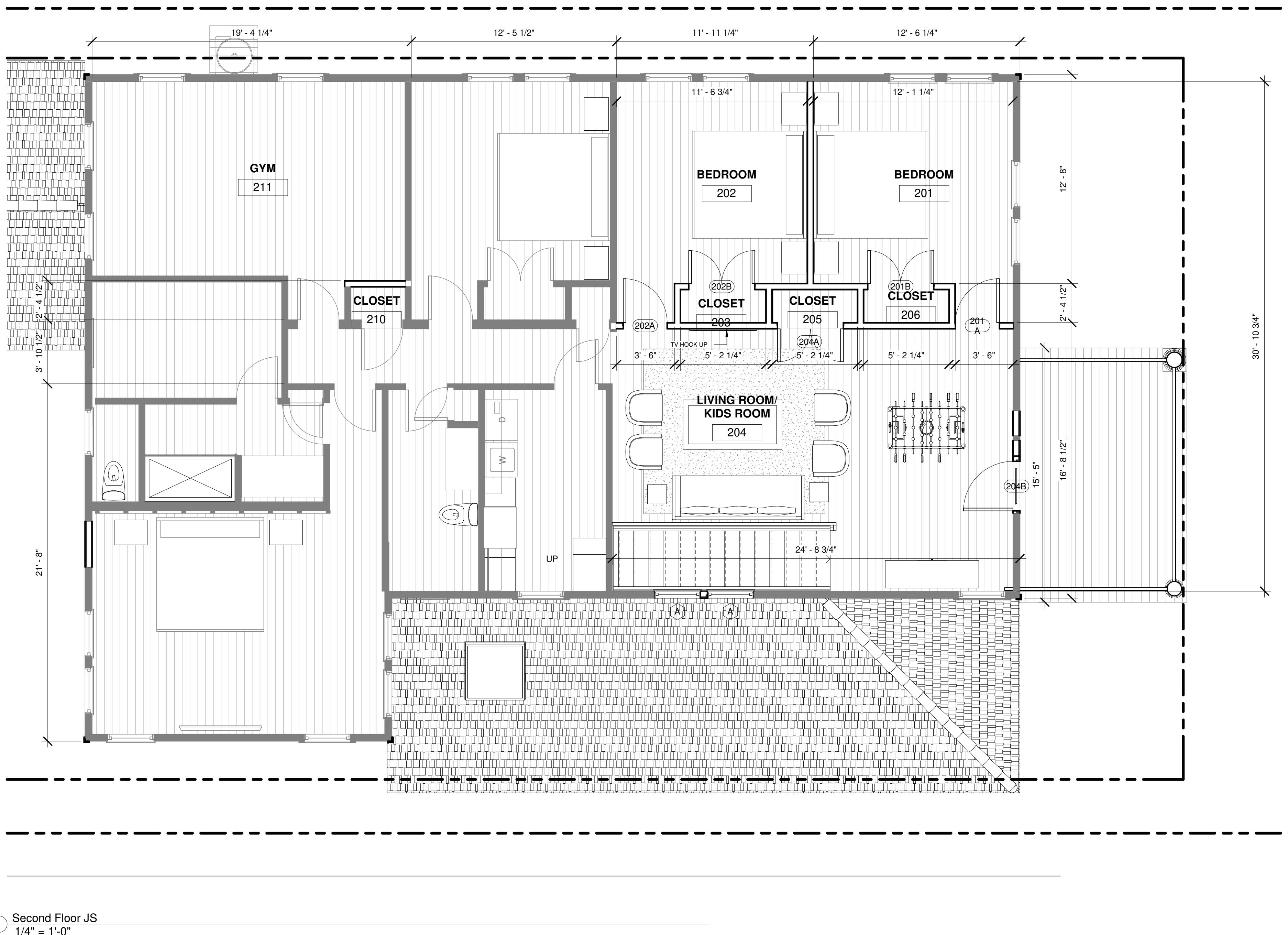
## Notes:

All Dimensions To New Walls Are To Face Of Stud Unless Otherwise Noted.

All Dimensions To Existing Walls Are To Face Of Existing Wall Gypsum Unless Otherwise Noted.

### **stair notes:**

1. treads 10" minimum toe to toe
2. risers 7 3/4" maximum
3. handrails 2'-10"
4. (3) 2x12 stringers
5. 3-7/8" max spacing between balusters



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No.	Description	Date
1	SITE VISIT	01.19.2024
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8	07 CM	06.21.2024
9	08 CM	07.10.2024

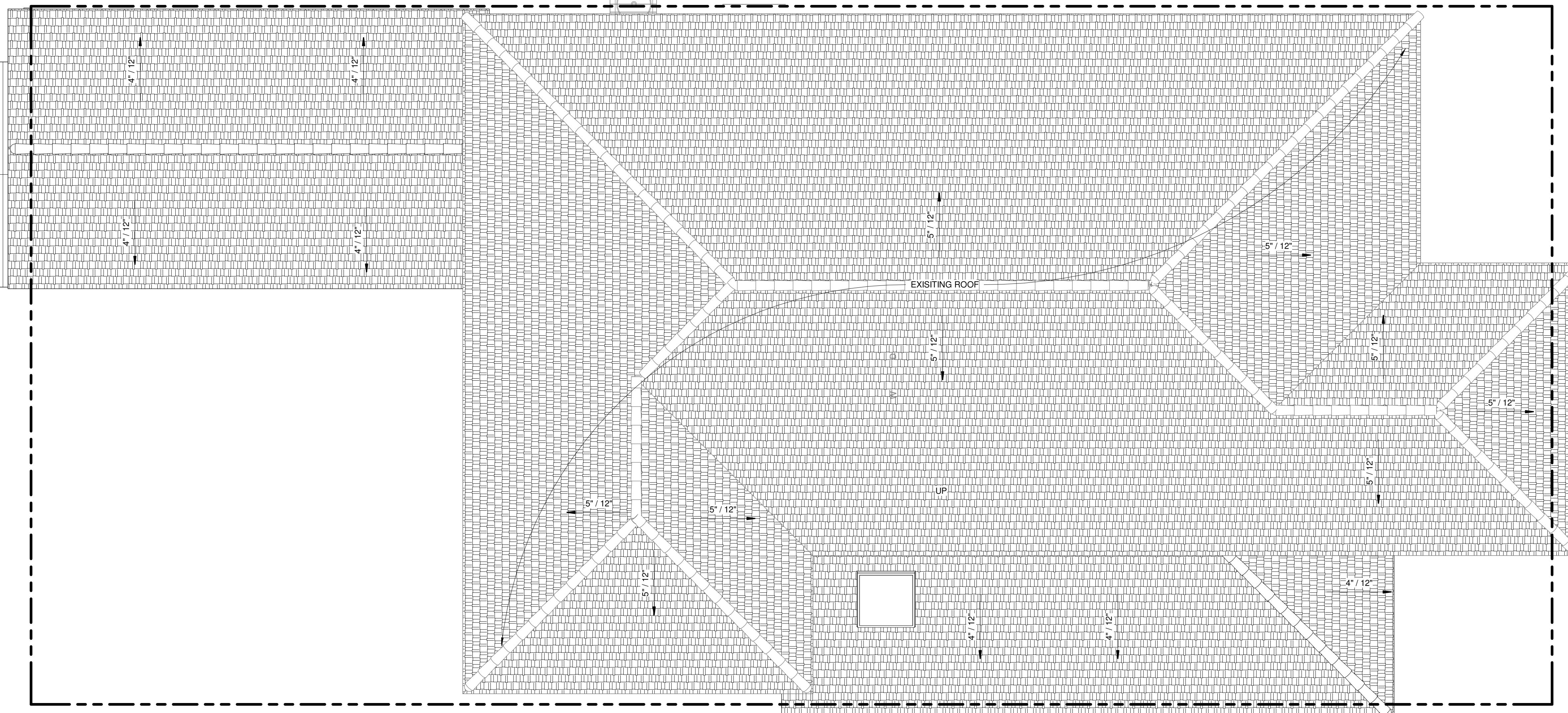
Residential Renovation

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SECOND FLOOR  
PLAN

2024.03

A102



① Roof (New)  
1/4" = 1'-0"

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No.	Description	Date
1	SITE VISIT	01.19.2024
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8	07 CM	06.21.2024
9	08 CM	07.10.2024

Residential Renovation

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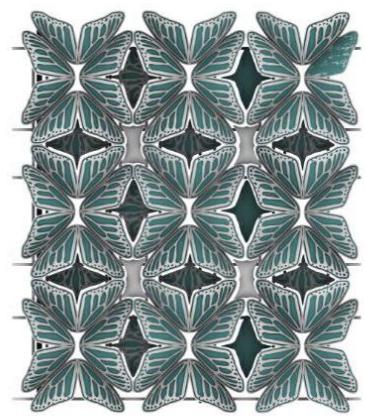
Roof Plan

2024.03

A103



① Elevation 8 - a  
1/4" = 1'-0"



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No.	Description	Date
1	SITE VISIT	01.19.2024
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6	05CM	04.29.2024
7	06 CM	06.12.2024
8	07 CM	06.21.2024
9	08 CM	07.10.2024

## Residential Renovation

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## EXTERIOR ELEVATIONS

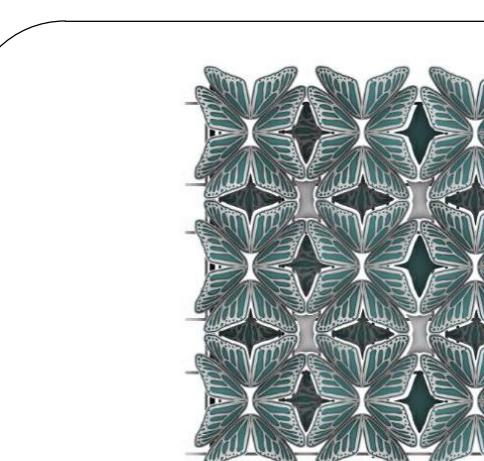
2024.03



② Elevation 9 - a  
1/4" = 1'-0"



1 Elevation 6 - a Copy 1  
1/4" = 1'-0"



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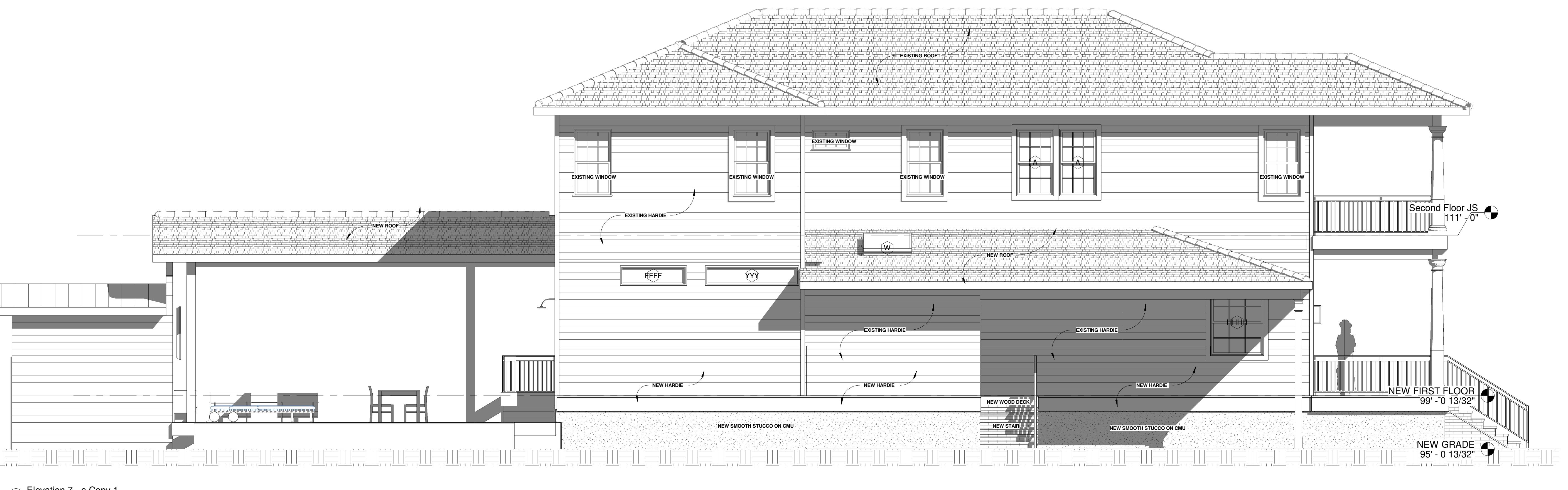
No.	Description	Date
	SITE VISIT	01.19.2024
	01 CM	02.23.2024
	02 CM	03.07.2024
	04 CM	03.27.2024
	05CM	04.29.2024
	06 CM	06.12.2024
	07 CM	06.21.2024
	08 CM	07.10.2024

## Residential Renovation

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# EXTERIOR ELEVATIONS

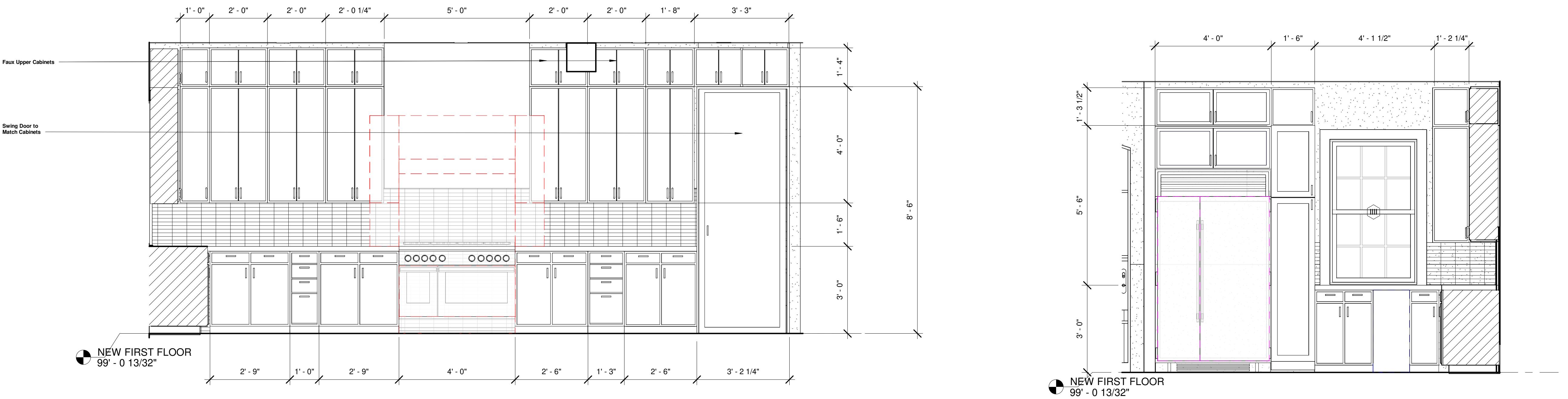
2024.03



1/15/2025 11:53:42 AM

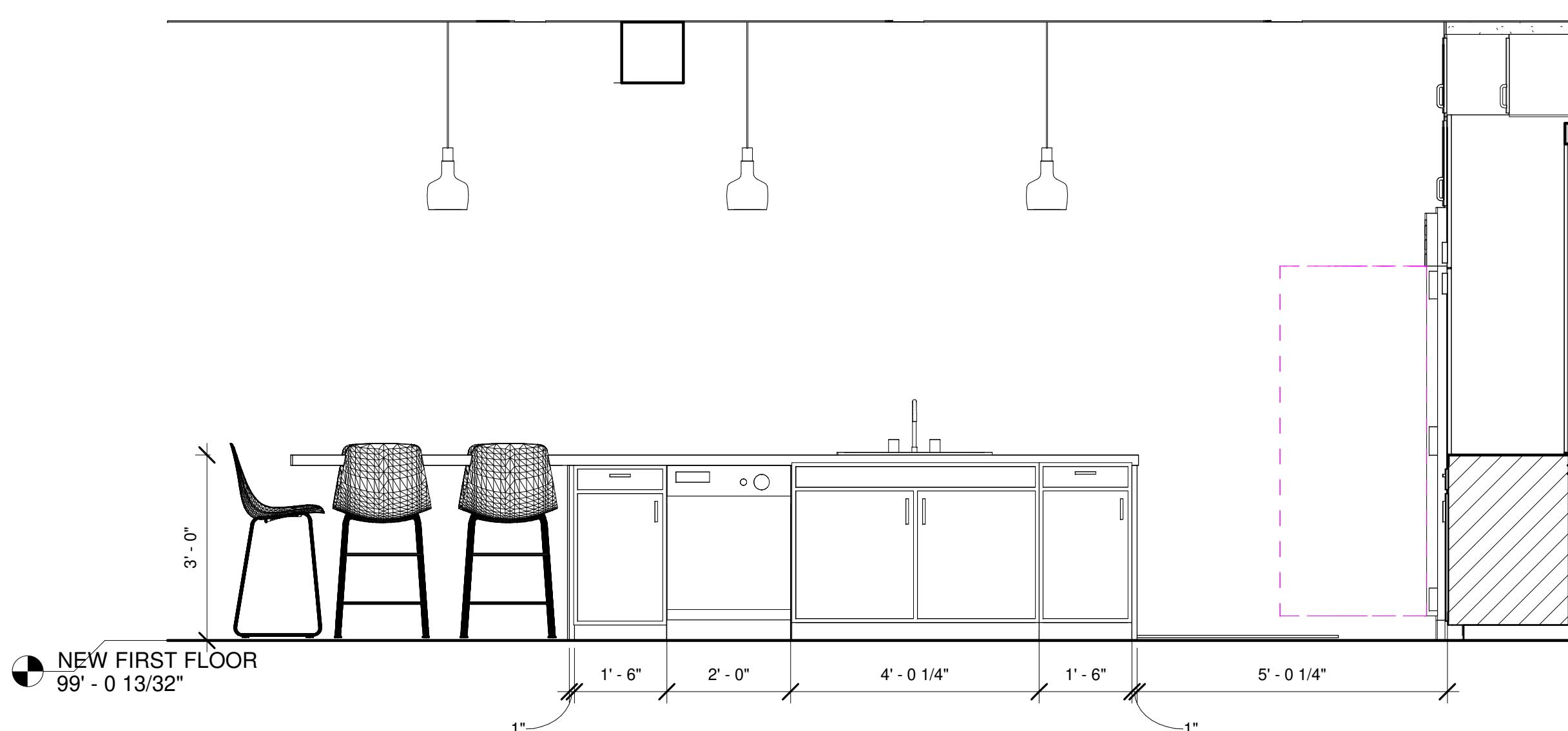
2 Elevation 7 - a Copy 1  
1/4" = 1'-0"

A202



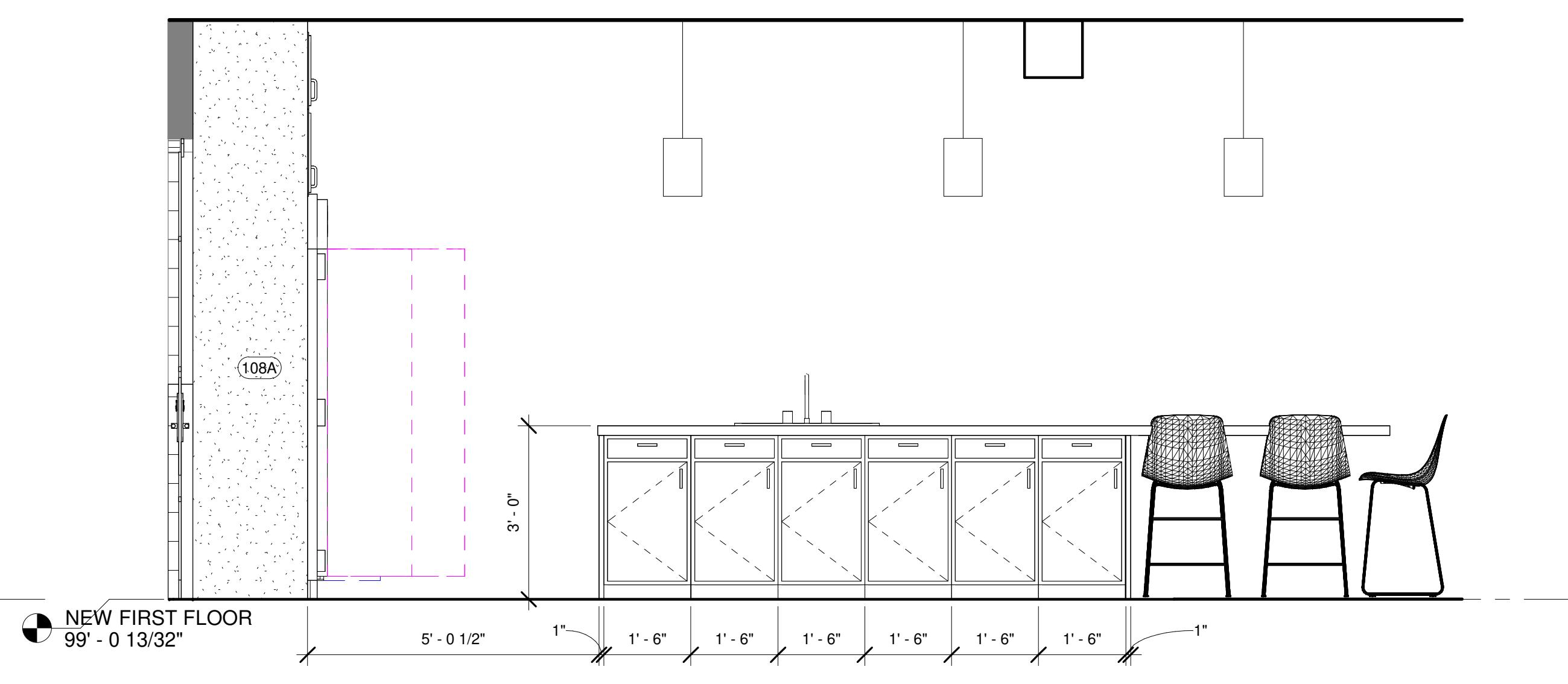
KITCHEN ELEVATION\_01

1/2" = 1'-0"



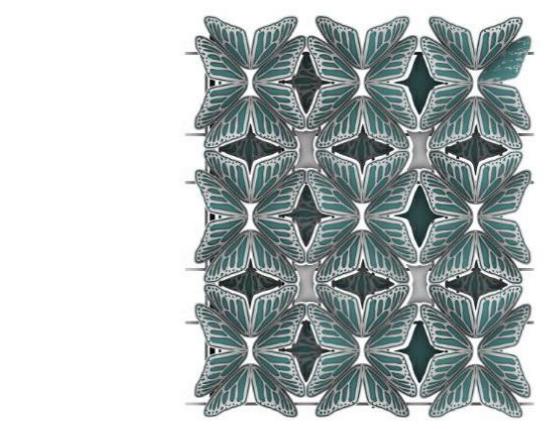
**3 KITCHEN ELEVATION\_03**

**3** KITCHEN  
1/2" = 1'-0"



**KITCHEN ELEVATION\_04**

4 KITCHEN  
1/2" = 1'-0"



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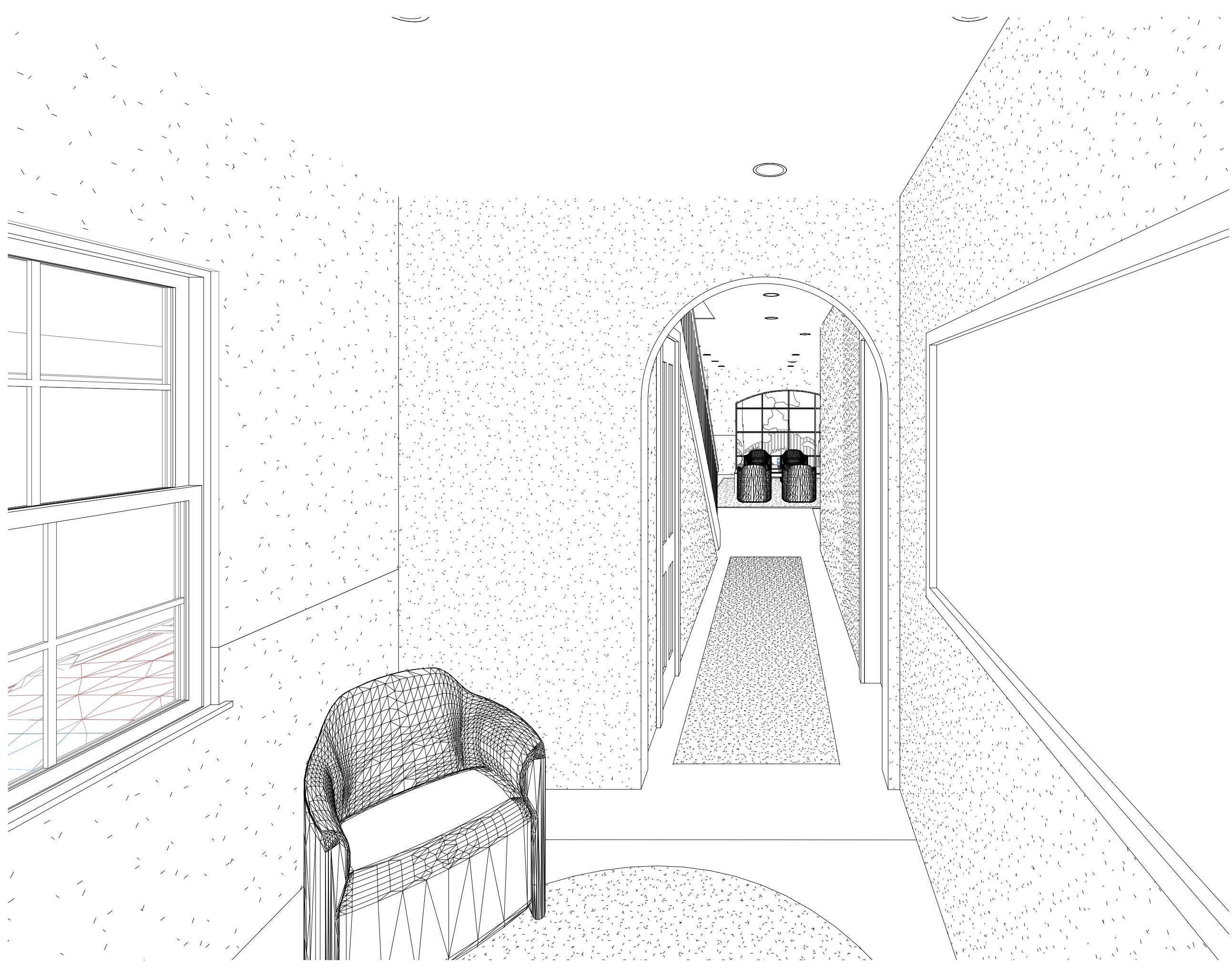
# Residential Renovation

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# KITCHEN PLANS + ELEVATIONS

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A801



1 3D View 33



2 3D View 36

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# Residential Renovation

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# 3-D VIEWS

2024.03

# A900-a



1 3D View 20



2 3D View 21

# Residential Renovation

2418 Joseph Street |  
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# 3-D VIEWS

2024.03

# A900-b



1 3D View 13

# Residential Renovation

2418 Joseph Street |  
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# 3-D VIEWS

2024.03

# A900-c