

**FW: 2606-2608 First St Demolition Review**

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**From** Clerk of Council <clerkofcouncil@nola.gov>

**Date** Wed 7/16/2025 10:02 AM

**To** Cecil C. Hartzog <cchartzog@nola.gov>; Denise Mills <dmills@nola.gov>; Denise M. Russ <dmruss@nola.gov>; Naomi R. Mark <nrmark@nola.gov>

 1 attachment (7 MB)

Permit 25-10799-DEMO (DEMO-RSF2) Documents (1).zip;

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**From:** Leslie E St. Julien <Leslie.StJulien@nola.gov>

**Sent:** Tuesday, July 15, 2025 3:35 PM

**To:** Clerk of Council <clerkofcouncil@nola.gov>

**Cc:** Adam J. Swensek <adam.swensek@nola.gov>; Anita B. Curran <abcurran@nola.gov>; Permit Info <permitinfo@nola.gov>; Hannah E Rowe <Hannah.Rowe@nola.gov>; Denise M. Russ <dmruss@nola.gov>; Aisha R. Collier <arcollier@nola.gov>; Naomi R. Mark <nrmark@nola.gov>

**Subject:** 2606-2608 First St Demolition Review

Good afternoon,

The Dept. of Safety and Permits has received all the required documentation which is submitted in the attached zip file. Therefore, I am requesting that the property be placed on the next City Council Agenda. Also, please email me a copy of the Council Electronic Signed Motion. Feel free to contact me with any questions.

Genuinely,

**Leslie E. St. Julien**

Review Facilitator

Department of Safety and Permits – Plan Review Div.

City of New Orleans

1340 Perdido Street | 8<sup>th</sup> Floor | New Orleans, LA 70112

(504) 658-7109

[leslie.stjulien@nola.gov](mailto:leslie.stjulien@nola.gov)



Application Date: 4/9/2025  
Permit Number: 25-10799-DEMO

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## DEMOLITION REQUIREMENTS

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Property Address: **2606-2608 First St**

Council District: **B**

Applicant Identity: **No Owner | No Lessee | Yes Contractor | No Architect | No Engineer**

Other identity:

Applicant Name **Star Recovery Services, LLC**

Applicant Contact Number **(504) 874-3513**

Applicant Email: **permits@starrecoveryllc.com**

Applicant Address: **129 Garden Walk Drive, Covington, LA 70433**

Owner Name: **Jessie Lee Hill**

Approximate Time Owned: **21**

Reason for Demolition: **Unsafe Conditions**

Number of Residential Units to be Demolished (if applicable): **1**

Cost of Demolition: **\$5,407.67**

Redevelopment Plan for Lot: **Yes**

If redevelopment is planned, estimated time to complete:

Proposed use: **Reconstruction of new single residence**

If no immediate redevelopment is planned, estimated time to remain vacant:

Proposed redevelopment meets zoning requirements:

Property is in a National Register Historic District: **Yes**

Property is in a Historic District and Landmarks Commission District: **No**

Property is in the Vieux Carré: **No**

Plan for maintaining lot: **n/a**

If lot is to be vacant, type of fence:

Plan for keeping lot free of trash and weeds:

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## REQUIRED ATTACHMENTS

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- Application fee for properties requiring City Council approval paid
- Signed demolition permit application
- Signed building permit application
- If applicant is not owner, proof of authorization for an agent to sign on behalf of the owner

- Four color photos labeled as follows, providing a full view of:
  - Front of structure to be demolished (with the municipal address listed on the photo)
  - Left of the structure to be demolished (with the municipal address listed on the photo)
  - Rear of structure to be demolished (with the municipal address listed on the photo)
  - Right of structure to be demolished (with the municipal address listed on the photo)
- Copy of the Assessor's Aerial Map, with the subject property indicated
- 
- If re-development is planned, redevelopment site and exterior elevation plan (can be hand drawn)
- Cost estimate from a licensed contractor
- A photo indicating the posting of notice for the demolition application on or near the property
- A photo of the notice itself, indicating:
  - The municipal address on the property to demolished
  - Contact information for the district City Council office
- If City-initiated, a copy of the notice the City mailed to the owner providing that the City intends to request demolition of their property



Construction/Development  
Related Permit



|                 |       |
|-----------------|-------|
| Date            | _____ |
| Tracking Number | _____ |

# DEMOLITION REQUEST APPLICATION

# SUPPLEMENT A

## APPLICANT INFORMATION

Property Address: 2606 First Street

Applicant Identity:     Owner     Lessee     Contractor     Architect  
Mark all that apply     Other \_\_\_\_\_

Applicant Name Niala Howard    Applicant Contact Number 5045146841

Applicant Email: nhoward@starrecoveryllc.com

Why do you wish to demolish the existing structure?

### Unsafe Conditions

Cost of Demolition: \$ 5407.67

Yes  No  Do you plan to rebuild on the site? If yes, what do you plan to build? Single Family Residence

How long will the lot remain vacant? n/a

Yes  No  Is there a redevelopment plan for the lot?

Yes  No  Does the proposed structure meet zoning requirements? If you are uncertain, please check here.

Yes  No  Is this property in the Neighborhood Conservation District?

Yes  No  Is this property in a Historical District?

Yes  No  Is this property in the Vieux Carre (French Quarter)?

What is your plan for maintaining the lot in the period between demolition and redevelopment?

### Construction will begin immediately after demolition

If lot is to be left vacant, what type of fence is proposed? \_\_\_\_\_

What is your plan for keeping lot free of trash and weeds? \_\_\_\_\_

(If additional space is needed, please attach additional sheets.)

## REQUIRED ATTACHMENTS (FOR DEMOLITION REQUESTS THAT REQUIRE A NEIGHBORHOOD CONSERVATION DISTRICT COMMITTEE HEARING ONLY)

Not Applicable

- Completed permit application checklist, including a building permit application, valuation of work, and the number of residential units to be demolished
- Four color photographs of the structure to be demolished (front, rear, left, and right sides) labeled with the municipal address of the property and the view shown.
- Copy of Sanborn Map, with subject property indicated.
- Recorded Act of Sale (if the property has recently changed ownership).
- Damage Assessment from the Department of Safety and Permits.
- Future plans (if available) including site plans and exterior elevations.
- Completed Demolition Request—Letter of Intent form

Additional Requirements \_\_\_\_\_

I certify that I have the authority of the current property owner(s) to apply for the work proposed.

Applicant Signature Niala Howard    Date 4/8/2025



Construction/Development  
Related Permit



|                 |       |
|-----------------|-------|
| Date            | _____ |
| Tracking Number | _____ |

## BUILDING PERMIT APPLICATION

## MASTER APPLICATION

Property Address: 2606 First St, New Orleans, LA 70113, USA Apt./Ste. Number: \_\_\_\_\_

Type of Building:

|  |   |   |   |
|--|---|---|---|
| <input checked="" type="radio"/> Residential (Single Family) | <input type="radio"/> Residential (Two Family)  | <input type="radio"/> Residential (Half of Party Wall Double) | <input type="radio"/> Residential (Accessory Use) |
| <input type="radio"/> Commercial (Multi-Family)              | <input type="radio"/> Commercial (Business Use) | <input type="radio"/> Commercial (Mixed Use)                  | <input type="radio"/> Commercial (Accessory Use)  |

### APPLICANT INFORMATION

Applicant Identity:  Owner  Lessee  Contractor  Architect  Engineer  
Mark all that apply  
 Other

Name Anthony Serio

Address 2606 First St, New Orleans, LA 70113, USA city New Orleans state LA zip 70113

Phone 504-303-0766 Email antoinettehilk@gmail.com

### SCOPE OF WORK/PROPOSAL

Description of proposed work (Please include thorough details or provide attachments.)

Demolition to grade.

|  |   |   |   |
|--|---|---|---|
| Will the exterior of the building be altered in any way?   | <input checked="" type="radio"/> Yes <input type="radio"/> No | Will a driveway be installed?   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Was this structure built before 1978?<br>If yes, Supp G "Lead Based Paint Removal Form" is required.               | <input type="radio"/> Yes <input checked="" type="radio"/> No | Will any portion of the sidewalk be repaired?<br>If yes, Supp L "Sidewalk Repair Form" is required.       | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Is the impervious surface area on the site where work will be performed > 5,000 sq ft?                             | <input type="radio"/> Yes <input checked="" type="radio"/> No | Will a dumpster be placed in the street?<br>If yes, Supp J "Dumpster/Construction Zone Form" is required. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Is the total area of the site where you will be working > 1 acre?  | <input type="radio"/> Yes <input checked="" type="radio"/> No |   |   |
| Will this project have a total square footage of more the 40,000sf?  | <input type="radio"/> Yes <input checked="" type="radio"/> No |   |   |
| Will any electrical work be done under this scope of work?   | <input checked="" type="radio"/> Yes <input type="radio"/> No |   |   |
| Will any A/C or gas line work be done under this scope of work?  | <input checked="" type="radio"/> Yes <input type="radio"/> No |   |   |
| Will signage be affected (altered, added, changed)?<br>If yes, Supplement H "Sign Permit Application" is required. | <input type="radio"/> Yes <input checked="" type="radio"/> No |   |   |
| Is this application for a Federal Housing Unit?  | <input type="radio"/> Yes <input checked="" type="radio"/> No |   |   |

Estimate cost/value of proposed work \$230,062 \*Attach quote, contract, or other documentation of estimate.

Area of existing structure 2,597 ft<sup>2</sup> Area affected 2,597 ft<sup>2</sup> New Area added 1788 ft<sup>2</sup> Number of Floors 1

Foundation Type:  Slab  Pier Sprinklers:  Yes  No Building Condition:  Good  Average  N/A

Existing Use Residential Proposed Use Residential

### BUILDING INFORMATION

- ICC Construction Type:
- Not Applicable
  - Site Built
  - Modular
  - Manufactured

|                   | Number of Existing Meters | Number of New Meters |
|-------------------|---------------------------|----------------------|
| Electrical Meters | 0                         | 1                    |
| Gas Meters        | 0                         | 1                    |



Construction/Development  
Related Permit



|                 |       |
|-----------------|-------|
| Date            | _____ |
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### BUILDING PERMIT APPLICATION

### MASTER APPLICATION

RESIDENTIAL BUILDING INFORMATION (Single Family and Two Family) NOT APPLICABLE

Dwelling Area 1500 ft<sup>2</sup> Garage Area 288 ft<sup>2</sup> Number of Bedrooms 4 Number of Bathrooms 2 Central A/C and Heat?  Yes  No

MULTIFAMILY AND COMMERCIAL BUILDING INFORMATION NOT APPLICABLE

Total Number of Residential Units \_\_\_\_\_ Efficiency Units \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ 3+ Bedrooms \_\_\_\_\_

Number of Elevators \_\_\_\_\_ Number of A/C Units \_\_\_\_\_ Number of Boilers \_\_\_\_\_ Number of Escalators \_\_\_\_\_

OWNER INFORMATION  SAME AS APPLICANT

Name Jessie Hill Company \_\_\_\_\_

Address 2606 First St, New Orleans, LA 70113, USA City New Orleans State LA Zip 70113

Phone 504-303-0766 Email antoinettehilk@gmail.com

CONTRACTOR INFORMATION  SAME AS APPLICANT

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ State Lic. # \_\_\_\_\_ Exp. \_\_\_\_\_

ARCHITECT INFORMATION  SAME AS APPLICANT

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ License Number \_\_\_\_\_

ENGINEER INFORMATION  SAME AS APPLICANT

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ License Number \_\_\_\_\_

- FEES**
- Permit Fee: \$60 + (\$5 per \$1000 of work to be performed)
  - Plan review Fee: (\$1 per \$1000 of work to be performed)
  - VCC/HDLC Surcharge: (50% of total fee, calculated using the above)

### ACKNOWLEDGMENTS

I certify that the above information 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 must be reported to the Department of Safety and Permits and additional permits may be required.

I certify that I have the authority of the current property owner(s) to apply for the work proposed.

Applicant Signature \_\_\_\_\_

Date

6/26/2025





Construction/Development  
Related Permit



Date \_\_\_\_\_  
Tracking Number \_\_\_\_\_

### BUILDING PERMIT APPLICATION

### MASTER APPLICATION

RESIDENTIAL BUILDING INFORMATION (Single Family and Two Family) NOT APPLICABLE

Dwelling Area \_\_\_\_\_ ft<sup>2</sup> Garage Area \_\_\_\_\_ ft<sup>2</sup> Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Central A/C and Heat?  
 Yes  No

MULTIFAMILY AND COMMERCIAL BUILDING INFORMATION NOT APPLICABLE

Total Number of Residential Units \_\_\_\_\_ Efficiency Units \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ 3+ Bedrooms \_\_\_\_\_  
Number of Elevators \_\_\_\_\_ Number of A/C Units \_\_\_\_\_ Number of Boilers \_\_\_\_\_ Number of Escalators \_\_\_\_\_

OWNER INFORMATION  SAME AS APPLICANT

Name \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

CONTRACTOR INFORMATION  SAME AS APPLICANT

Name \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ State Lic. # \_\_\_\_\_ Exp. \_\_\_\_\_

ARCHITECT INFORMATION  SAME AS APPLICANT

Name \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ License Number \_\_\_\_\_

ENGINEER INFORMATION  SAME AS APPLICANT

Name \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_