



# PERMIT APPLICATION

City of Denham Springs

Office of Planning & Development  
 P. O. Box 1629 (941 Government Dr.)  
 Denham Springs, LA 70727-1629  
 (225) 667-8326 - buildings@cityofdenhamsprings.com

# D

*Demolition*

## NOTICE TO CONTRACTORS:

In order to obtain the demolition permit, the contractor may mail in the original copy of this form along with the permit fee (check or money order) made payable to the City of Denham Springs. The demolition permit can be mailed (at your specific request) or you may pick up the permit upon payment. All work shall be readily accessible for inspection(s) by the Building Official or his authorized representative. This form offers no deviation or exclusion from permitting procedures and policies, local ordinances or the codes adopted by the City of Denham Springs, Livingston Parish, State of Louisiana, the Louisiana State Uniform Construction Code Council, Louisiana State Fire Marshal's office, or any other authority having jurisdiction. Work cannot start until the permit is in possession and is posted.

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

Permit #: \_\_\_\_\_

## PROJECT INFORMATION (Please print)

Property address: \_\_\_\_\_

Suite/Unit# \_\_\_\_\_ Lot \_\_\_\_\_ Square \_\_\_\_\_ Subdivision \_\_\_\_\_

1. Residential \_\_\_\_\_ Non-Residential \_\_\_\_\_ Relocation \_\_\_\_\_

2. Demolition of: Entire Structure \_\_\_\_\_ Partial Structure Only \_\_\_\_\_

# of Units \_\_\_\_\_ # of Stories \_\_\_\_\_ # of Rooms \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

Proposed date of demolition: \_\_\_\_\_

## CONFIRM THE FOLLOWING UTILITIES HAVE BEEN DISCONNECTED. IF NONE, MARK AS "NA":

Gas \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Electric \_\_\_\_\_

The Proper Handling/Removal of any and all HAZARDOUS MATERIALS is the responsibility of the Site Manager. It is the further responsibility of the Site Manager to observe all appropriate Environmental guidelines and regulations. \_\_\_\_\_ I agree

## OWNER INFORMATION (Please print)

Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (for inspection notification): \_\_\_\_\_ Phone: \_\_\_\_\_

## CONTRACTOR INFORMATION (Please print)

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

Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (for inspection notification): \_\_\_\_\_ Phone: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

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

OFFICE USE: SITE PLAN & PHOTOS OF STRUCTURE SUBMITTED \_\_\_\_\_