



**ST. JOHN**  
PLANNING & ZONING

**DEMOLITION PERMIT APPLICATION**

Permit No: _____	Date Requested: _____
Receipt No: _____	Council District/At Large: _____
Zoning District: _____	Parcel No: _____
Lot, Sq., Subdivision: _____	
Historic Dist. / Landmark: Yes / No      Hearing Required: Yes / No	
<b>OFFICE USE ONLY</b>	

**APPLICANT INFORMATION:**

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

Same as above (*circle one*) **YES / NO**

If no, has the authority of the applicant to act on behalf of the property owner been verified with a signed, dated, and notarized affidavit or a contract? (*Circle one*) **YES / NO**

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

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

Mailing Address: \_\_\_\_\_ License No.: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**LOCATION OF WORK:**

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

Floor/ Bay / Suite #: \_\_\_\_\_

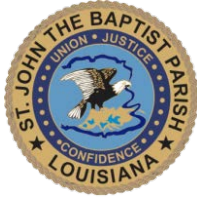
Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Parcel ID No.: \_\_\_\_\_

*Within sixty (60) days of submission of minimum application requirements, this application will become null and void. Further, by signature of this application, applicant understands that permit fees are non-refundable.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**ST. JOHN**  
PLANNING & ZONING  
**DEMOLITION PERMIT APPLICATION**

Permit No: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Lot, Sq., Subdivision: \_\_\_\_\_

**OFFICE USE ONLY**

**Please describe project in detail:**

\_\_\_\_\_

**Proposed use after demolition:**

\_\_\_\_\_

**If in a Historic District, please describe any hardships experienced:**

\_\_\_\_\_

\_\_\_\_\_

Value: \$ \_\_\_\_\_ Gross Square Footage: \_\_\_\_\_

**OTHER SUBMITTAL REQUIREMENTS:**

- Copy of Act of Sale, judgement of possession, or deed to the property
- Photographs of the building or structure to be demolished
- Fees; if by check or money order made to "St. John Parish Council," or by credit card

*Note: St. John the Baptist Parish has not examined nor reviewed the title of any portion of land shown, or any restrictive covenants or restrictions placed on said property. Any action of the Parish in this matter does not: (1) imply that the applicant's title or ownership is valid, (2) that there are or are not any restrictive covenants or other restrictions on said property, or (3) that any restrictive covenants or restrictions that may be on said property are enforceable or are not enforceable.*

I hereby acknowledge that I have read and understand all of the requirements listed on this application. I also understand that I am responsible for ensuring that all utilities are disconnected and capped prior to beginning any demolition work. Louisiana One Call can be reached by dialing 811 or 1-800-272-3020 or at [www.laonecall.com](http://www.laonecall.com).

- Electric/Power      Date: \_\_\_\_\_
- Gas                      Date: \_\_\_\_\_
- Sewer                    Date: \_\_\_\_\_
- Water                    Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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**OWNER'S ENDORSEMENT**

I (We) \_\_\_\_\_ being duly sworn, depose that I (we)  
Owner(s) / Corporation

reside at \_\_\_\_\_,  
Street City

in the Parish of \_\_\_\_\_ and State of \_\_\_\_\_  
Parish State

and that I (we) am/are the owner of the property described as \_\_\_\_\_  
Address

and that I (we) have authorized \_\_\_\_\_ to  
Applicant/Agent

make the foregoing **Demolition Permit**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Signature of owner(s) of property or authorized agent**

SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

Print name of Notary: \_\_\_\_\_  
Bar roll # \_\_\_\_\_