**Jaclyn Hotard** Parish President

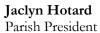




## **DEMOLITION PERMIT APPLICATION**

Permit No:	_ Date Requested:		
Zoning District: Historic Dist. / Landmark: Yes / No	Hearing Required: Yes / No		
OFF	ICE USE ONLY		
APPLICANT INFORMATION: Name:			
Mailing Address:			
Phone: Em	Email:		
PROPERTY OWNER INFORMATION	<b>J</b> :		
Same as above (circle one) YES / NO			
If no, do you have a Letter of Authorization	or a signed Contract? YES / NO		
Name:			
Phone: Er	mail:		
CONTRACTOR INFORMATION:			
Mailing Address:	License No.:		
Phone: Er	mail:		
LOCATION OF WORK:			
Address:			
Applicant's Signature			

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## ST. JOHN PLANNING & ZONING DEMOLITION PERMIT APPLICATION

Proposed use after demolition:  If in a Historic District, please describe any hardships experienced:							
				Value:	\$	Gros	s Square Footage:
				OTH	IER SUBMITT	'AL REQUIREN	MENTS:
	Photographs of the Fees; if by check of the Saptist Pa.	ne building or structuor money order made rish has not examined no	session, or deed to the property are to be demolished to "St. John Parish Council," or by credit card or reviewed the title of any portion of land shown, or any restrictive action of the Parish in this matter does not: (1) imply that the				
applica	nt's title or ownership a v, or (3) that any rest	is valid, (2) that there ar	re or are not any restrictive covenants or other restrictions on said ictions that may be on said property are enforceable or are not				
applica	ntion. I also unders pped prior to begin	tand that I am respo	derstand all of the requirements listed on this nsible for ensuring that all utilities are disconnected work. Louisiana One Call can be reached by dialing m.				
		Date:	_				
	Gas Sewer	Date: Date:	_				
	Water	Date:	<del>-</del> -				
Applic	ant's Signature		. Date				

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