



ST. JOHN
PLANNING & ZONING

DEMOLITION PERMIT APPLICATION

Permit No: _____ Date Requested: _____
Zoning District: _____
Historic Dist. / Landmark: Yes / No Hearing Required: Yes / No

OFFICE USE ONLY

APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

PROPERTY OWNER INFORMATION:

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

If no, do you have a Letter of Authorization or a signed Contract? **YES / NO**

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

CONTRACTOR INFORMATION:

Name: _____

Mailing Address: _____ License No.: _____

Phone: _____ Email: _____

LOCATION OF WORK:

Address: _____

Applicant's Signature

Date



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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.

- ☐ Electric/Power Date: _____
- ☐ Gas Date: _____
- ☐ Sewer Date: _____
- ☐ Water Date: _____

Applicant's Signature

Date