



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 permanent 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 permanent 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: _____

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

Utilities to be Disconnected: Gas [] Water [] Sewer [] Electrical []

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 _____