Demolition Permit Application

250 Bouscaren Street, Suite # 202
Slidell, La. 70458
(985) 646-4324

JOB ADDRESS		
LOT NO.	SQUARE NO.	SUBDIVISION
OWNER	PHONE NO.	E-MAIL
OWNER'S MAILING ADDRESS		
CONTRACTOR	PHONE NO.	E-MAIL
CONTRACTOR'S MAILING ADDRESS		
JOB SUPERVISOR	PHONE NO.	E-MAIL
CITY LICENSE NO.		STATE LICENSE NO.

DEMOLITION OF :

RESIDENTIAL ____ COMMERCIAL____

Job Cost_____

THIS PERMIT MUST BE COMPLETED WITHIN 30 DAYS OF ISSUANCE.

THIS IS TO CERTIFY THAT I AM THE OWNER OF THIS PROPERTY AND HAVE AUTHORITY TO DEMOLISH THIS STRUCTURE.

_____ _____
Applicant's Name Date

THIS IS TO CERTIFY THAT I AM A REPRESENTATIVE OF THE LEGAL OWNER OF THIS PROPERTY.

_____ _____
Applicant's Name Date

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Permit No. _____ Permit Fee _____

Receipt No. _____ Date Issued _____