PARISH OF ASCENSION

BUILDING DEPARTMENT

DEMOLITION APPLICATION Date:

PERMIT #_____ PROJECT ADDRESS_____

Please provide **ALL** the following information for review.

CONTRACTOR/APPLICANT

Name:_____ Address:_____

Phone:_____ City:_____

Email:_____ State, Zip:_____

PROPERTY OWNER

Same as above☐

Name:_____Phone:_____

City:_____ State, Zip:_____

Email:_____ Address:_____

Subdivision:_____ Lot Number:_____

POWER COMPANY

ENTERGY☐ DEMCO☐

Notice: Any information written on this application becomes public record.

ProjectDescription:_____

_____

615 E Worthey Street
Gonzales, Louisiana 70737
Phone: (225) 450-1002 / Fax: CPU (225) 450-1352 / Web: www.ascensionparish.net

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_____

_____

SQUARE FOOTAGE

Total_____ 1st Fl. Living_____ 2nd Fl. Living_____

Garage: YES☐ NO☐ Number of Bedrooms:_____ Numbers of Baths_____

CONTRACTORS PERFORMING WORK

Builder/GC:_____ Parish License #_____

REQUIREMENTS:

- **DEMOLITION PERMIT**
- **OWNER'S AFFIDAVIT FOR DEMOLITION OF STRUCTURE(S) (SIGNED AND NOTARIZED)**
- **BEFORE AND AFTER PICTURES**
- **DEMOLITION PERMIT FEE**

IMPORTANT: LOUISIANA ONE CALL TICKET 811, 800-272-3020 OR ONLINE AT WWW.CALL811.COM

PAYMENT INFORMATION/ METHOD

Demolition Permit Payment _____

Signature of Applicant: _____

To be filled out by Parish Employee

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Payment Information_____ Employee's Initials_____ Project#_____

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