

# DEMOLITION PERMIT CHECKLIST

## Thibodaux, Louisiana

Phone: (985) 446-7208



Documents Needed:

- Picture of structure(s) to be Demolished.
- Name & Forwarding address of person responsible for land taxes.

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- Land Verification (Copy of Act of Cash Sale / Donation / Succession)
- Copy of state of Louisiana contractor's license
- Copy of contract for job

NOTE: If self-contracted, you will also have to pick up, sign and notarize an "Exemption from Licensure Affidavit"

\*It is your responsibility to contact all utility companies and services before demolition.

\*City of Thibodaux and its contractors are not responsible for the curbside collection of materials resulting from demolition activities. It is the responsibility of the permit applicant to make proper arrangements for the collection and disposal of all materials resulting from the demolition.

- Customer must contact LA ONE CALL 811 before any demolition is done 1-800-272-3020.

I/We acknowledge that I/we have read the above requirements, and I/we have provided all required documents. Init. \_\_\_\_\_

Project Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# DEMOLITION PERMIT APPLICATION

Thibodaux, Louisiana

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The undersigned applies for a building permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form to submit plans, in duplicate and drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations.

1. **Building Address:** \_\_\_\_\_

2. **Name of Owner:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Phone No.(s):** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

3. **Name of Contractor:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone No.(s):** Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Contact: \_\_\_\_\_

4. **Property Type:**

Select One (1):

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

5. **Select Demolition Type:**

Partial Demolition \_\_\_\_\_ Complete Demolition \_\_\_\_\_

\*\*If partial demolition, please provide plans indicating scope of work/work area. \*\*

6. **Estimated Project Cost:** \_\_\_\_\_

**NOTE: This permit shall be void if work is not started within six (6) months or completed within 2 years.**

**PERMIT IS ONLY VALID FOR 6 MONTHS. EXTENSION MAY BE PURCHASED**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_