

**Applicant's Signature** 

## City of **Bonaldsonville**

P.O. Box 470 Donaldsonville, LA 70346 Phone (225) 473-4247 • Fax (225) 473-0630

WE HEREBY APPLY for a permit to de	Date of Request emolish a building located at:
Type of building to be demolished	
Building height and base to highest point	t <u> </u>
Overall width Overall l	ength
Owner	Owner Phone
Owner Address	
	Contractor Phone
Contractor Address	
Contractor Occupational License #	
other laws, relating to the demolition of will be completely clean of all building	obligate ourselves to conform to all City Ordinances, or of the above described building. The lot described above materials and other debris within 60 days or it will be City and jointly billed to the owner and demolisher.
The City of Donaldsonville requires th site to dispose of debris.	at the owner or demolisher must have a dumpster at the
	G, BUT NOT LIMITED TO GAS, SEWER, WATER, ARLY MARKED UPON COMPLETION OF Y.
Contractor agrees to hold harmless the undertaking.	e City of Donaldsonville from any and all liabilities in the
Contractor Signature	Starting Date & Completion Date
Building Official	Completion Date

**Applicant's Phone #**