

**DEMOLITION PERMIT APPLICATION**

**CITY OF LAUREL**

P. O. BOX 647

LAUREL, MS 39441

**(601) 428-06438 OR FAX (601) 426-0043**

DATE: \_\_\_\_\_

Name of Project (May use owner's name): \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ (1-800) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If mailing address differs from above, please complete the following:

Property Owner's Name (and/or Company): \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ (1-800) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Historic District Approval Yes \_\_\_\_\_ No \_\_\_\_\_

Condemnation Process Yes \_\_\_\_\_ No \_\_\_\_\_

**If Asbestos is present, you must contact: Mississippi Department of Environmental Quality (DEQ) at 601-961-5164**

PERMIT COST \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT:

\_\_\_\_\_  
DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_ PERMIT NO. \_\_\_\_\_