



Building & Zoning Department
215 S. Broadway, Louisburg, KS 66053
913-837-5811 · louisburgkansas.gov
rwhitham@louisburgkansas.gov

APPLICATION FOR DEMOLITION

Date: _____ Permit # _____

Applicant Name: _____

Property Owner: _____

Property Owner Address: _____ Phone: _____

Contractor Name (if applicable): _____

Contractor Address: _____

Contractor Phone: _____

Describe work being done: _____

Describe present use of structure: _____

Work being done by: _____

Does structure have sanitary facilities? Yes No

I, _____, hereby certify that the information provided herein is true and correct and that all improvements shall comply with the City of Louisburg's Zoning Regulations, Subdivision Regulations and Building Codes. I further understand any permit obtained by false or incorrect statements of fact material to the issuance of the permit shall be null and void.

Date: _____ Signature: _____

Office Use Only

_____ Fees Paid/Amount _____ Receipt _____ Date Issued

Demolition address: _____