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| --- | --- | --- | --- |
| **Property Information** | | | |
| **Contract No. and/or WO:** | | **Project #:** | |
| **Applicant Name:** | | **Co-Applicant Name:** | |
| **Physical Address:** | | | |
| **Building Contractor Name:** | | | |
| A residential demolition consists of the complete removal of a single-family residence or a residential accessory structure. This demolition checklist is provided to ensure that proper procedures are followed when demolishing a structure. Any actions associated to demolition must be in accordance to federal, state and local jurisdiction requirements. | | | |
| **Select program of which demolition will apply:**  Acquisition/Buyout  Homeowner Assistance Program (HAP)  Demolition Only | | | |
| **Choose an item** | **Demolition**  ***(if pending, provide explanation in Remarks)*** | | |
| [ ] | Permits required for demolition; if so list permits: | | |
| [ ] | Hazards identified during:   |  |  | | --- | --- | | [ ] | Asbestos | | [ ] | Other: | | [ ] | Abatement of Hazards |   \*Note: Attach supporting documentation regarding hazards. (e.g. Asbestos Survey and/or Waste Manifest) | | |
| [ ] | Water meter removed | | |
| [ ] | Water line capped to the main | | |
| [ ] | Gas meter removed, and gas line capped at termination point | | |
| [ ] | Abandoned water well sealed and capped | | |
| [ ] | Sanitary sewer disconnected and capped | | |
| [ ] | On-Site Sewage Facilities (OSSF) disconnected and mitigated | | |
| [ ] | Termination point of the existing gas service and any service pipe to remain | | |
| [ ] | Remove liquefied petroleum gas tank and service line (propane) | | |
| [ ] | Existing electrical service and feeders terminated and disconnected | | |
| [ ] | Builder has identified what flatwork needs to be repaired or replace | | |
| [ ] | Backfilling & final grade | | |
| [ ] | Debris clean up | | |
| **Remarks:** | | | |
| **Builder Signature** | | | |
| Under penalties of perjury, I certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in my ineligibility to participate in Programs that will accept this document.  **Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.** | | | |
| **Building Contractor Printed Name:** | | | **Date:** |
| **Building Contractor Signature:** | | |