|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Information** | | | | |
| **Subrecipient or State Representative’s Name:** | | | **Contract No. and/or WO:** | |
| **Applicant’s Name:** | | | | |
| **Physical Address:** | | | | |
| **City:** | | **State: Texas** | | **Zip Code:** |
| 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 Phase I Environmental Assessment:   |  |  | | --- | --- | | [ ] | Asbestos | | [ ] | Lead Base Paint | | [ ] | Radon | | [ ] | Other: |  |  |  | | --- | --- | | [ ] | Abatement of Hazards | | | | |
| [ ] | 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 | | | |
| [ ] | Broken or damaged sidewalks, curbs or driveways repaired or replaced | | | |
| [ ] | Backfilling & final grade | | | |
| [ ] | Debris clean up | | | |
| Remarks: | | | | |
| **Signatures** | | | | |
| Under penalties of perjury, I certify that the information presented in this Affidavit 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 Affidavit. Title 18, Section 1001 of the U.S. code states that a person is guilty of a FELONY if he/she knowingly and willfully makes false statements to any department of the United States Government. | | | | |
| **Subrecipient or State Representative’s Printed Name:** | | | | **Date:** |
| **Subrecipient or State Representative’s Signature:** | | | |
| **Builder’s Printed Name:** | | | | **Date:** |
| **Builder’s Signature:** | | | |
| **Applicant’s Printed Name:** | | | | **Date:** |
| **Applicant’s Signature:** | | | |
| **Co-Applicant’s Printed Name:** | | | | **Date:** |
| **Co-Applicant’s Signature:** | | | |