

**The County of Delaware
Office of Housing and Community Development**

DEMOLITION PROGRAM APPLICATION

Applicant Name			Date
Address			
Contact Person			Title
E-Mail			
Telephone No.		Fax No.	

Project Address			11 Digit Folio Number
Current Building Use			
Type (check one)	Residential	Commercial	
	<input type="checkbox"/>	<input type="checkbox"/>	
			Year Constructed
Proposed Future Use			

Amount of Funds Requested	\$ _____	FOR OHCD USE ONLY
Local Contribution	\$ _____	
Amount of Other Funds	\$ _____	Date Received: _____
Total Project Cost	\$ _____	Reviewed by: _____

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Section 1 Current Conditions and Location

Please provide a complete description of 1) the property to be demolished; 2) necessary site restoration and; 3) attach a map showing the exact location of the property and; 4) photos taken within the past 2 weeks.

1) Occupancy Status:

Description of Property:

2) Description of necessary site restoration:

3) Site Map: (Attached)

4) Photos (Attached)

Front Elevation

Side Elevation

Rear Elevation

Interior

Section 2 Property Ownership

Please identify the name and address of the legal owner of the property as of the date of application.

Name:

Address:

Section 3 Blighting Condition

For purposes of this program, Blighted Property is defined as a property which meets *at least three* of the criteria listed below, as determined by the County. Please **check the appropriate box** that describes the blighted condition of the property proposed for demolition. **Attach any/all documentation to support your blight determination.**

- The building or physical structure is a public nuisance.
- The building is in need of substantial rehabilitation and no rehabilitation has taken place during the previous 12 months.
- The building is unfit for human habitation, occupancy or use.
- The condition and vacancy of the building materially increase the risk of fire to the building and to adjacent properties.
- The building is subject to unauthorized entry leading to potential health and safety hazards **and** one of the following applies:
 - The owner has failed to take reasonable and necessary measures to secure the building.
 - The municipality has secured the building in order to prevent such hazards after the owner has failed to do so.
- The property is an attractive nuisance to children, including, but not limited to, the presence of abandoned wells, shafts, basements, excavations and unsafe structures.
- The presence of vermin or the accumulation of debris, uncut vegetation or physical deterioration of the structure or grounds has created potential health and safety hazards and the owner has failed to take reasonable and necessary measures to remove the hazards.
- The dilapidated appearance or other condition of the building negatively affects the economic wellbeing of residents and businesses in close proximity to the building, including decreases in property value and loss of business, and the owner has failed to take reasonable and necessary measures to remedy appearance or the condition.
- The property is an attractive nuisance for illicit purposes, including prostitution, drug use and vagrancy.

Section 4 Enforcement Actions

Supply evidence that sufficient time was permitted for property owner to address situation. Please list the dates, action and result of any municipal actions taken to require demolition or repair of the structure (s). Including but not limited to on- site inspections, Municipal notification of unsafe conditions, and Order of Condemnations. Attach all relevant correspondence demonstration these actions. Provide proof that notice was properly served (i.e. copy of certified or registered mail return receipt).

Date	Action Taken	Result	

Section 5 Project Funding

Identify the amount of funds requested along with the source, amount and status of any other funding that will be used to carry out the proposed activity. Attach a copy of the commitment letter from secured funding sources; any pending requests for funding and schedule for securing identified funding.

Source of Funds	Amount	Secured	Pending	Date Secured/ Submitted
DELAWARE COUNTY				
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Total Funding				

Provide a detailed project budget using the form below. A *certified engineer or architect* must prepare the cost estimate. Submissions must be signed, dated and sealed by the certified professional. Please note that if the application is approved, the project budget becomes a binding part of the agreement between the applicant and the County, therefore the projected figures must be accurate.

Project Work Element	Cost Estimate	OHCD Funding	Matching Funds		
			Municipal	Other	Other
Professional Services					
Consultant Services	\$	\$	\$	\$	\$
Related Project Costs	\$	\$	\$	\$	\$
Construction					
Design/Engineering Service(s)		\$			\$
Material Contract(s)	\$	\$	\$		\$
Line Items - Prioritized					
	\$	\$	\$		\$
	\$	\$	\$		\$
	\$	\$	\$		\$
Labor/Installation Contract	\$	\$	\$		\$
Construction Management	\$	\$	\$		\$
Property Insurance	\$	\$	\$		\$
Demolition	\$	\$	\$		\$
Other	\$	\$	\$		\$
Acquisition					
Appraisal	\$	\$	\$		\$
Property Costs	\$	\$	\$		\$
Closing Costs	\$	\$	\$		\$
Financing Fees	\$	\$	\$		\$
TOTAL BUDGET					
	TOTAL PROJECT COSTS	REQUESTED GRANT AMOUNT	TOTAL MUNICIPAL MATCH	TOTAL OTHER MATCH	TOTAL OTHER MATCH
Engineer/Professional Signature	Seal	Date			

Section 6 Project Implementation Schedule

Indicate the Project Schedule below; identify project benchmarks with estimated start and completion dates for each. Assume notification of grant award is issued in May 2017. Actions should include, but are not limited to the following:

Action	Proposed Completion Date
Preparation of bid documents	
Publication of bid advertisement	
Bid opening	
Construction	
Completion/Close-Out	

Section 7 Certifications

I do hereby certify to the following:

1. That the structure (s) proposed for demolition are vacant at the time of application
2. That all applicable local, County, State and Federal regulations will be adhered to in carrying out this project
3. That the information contained in this application is complete and accurate to the best of my knowledge. I do also certify that if the information contained herein should change at any time, I will notify the Delaware County Office of Housing and Community Development of such change.

Signature

Date

Title

Municipality



County of Delaware Office of Housing and Community Development

Demolition Project Checklist

Project Information

Project Number:	_____	Reviewed date:	_____
Project Name:	_____	Reviewed by:	_____

Part 1: Components of Application

Yes	N/A	Blighting Conditions (3 Required to be Identified)	
<input type="checkbox"/>	<input type="checkbox"/>	Project Description	<input type="checkbox"/> The building or physical structure is a public nuisance.
<input type="checkbox"/>	<input type="checkbox"/>	Site Map	<input type="checkbox"/> The building is in need of substantial rehabilitation and no rehabilitation has taken place during the previous 12 months.
<input type="checkbox"/>	<input type="checkbox"/>	Photos	<input type="checkbox"/> The building is unfit for human habitation, occupancy or use.
<input type="checkbox"/>	<input type="checkbox"/>	Property Ownership Information	<input type="checkbox"/> The condition and vacancy of the building materially increase the risk of fire to the building and to adjacent properties.
<input type="checkbox"/>	<input type="checkbox"/>	Blighting Conditions Established	<input type="checkbox"/> The building is subject to unauthorized entry leading to potential health and safety hazards and one of the following applies:
<input type="checkbox"/>	<input type="checkbox"/>	Accompanying Proof (check all that apply below)	<input type="checkbox"/> The owner has failed to take reasonable and necessary measures to secure the building.
	<input type="checkbox"/>	Site inspection	<input type="checkbox"/> The municipality has secured the building in order to prevent such hazards after the owner has failed to do so.
	<input type="checkbox"/>	Notice of Unsafe Conditions	<input type="checkbox"/> The property is an attractive nuisance to children, including, but not limited to, the presence of abandoned wells, shafts, basements, excavations and unsafe structures.
	<input type="checkbox"/>	Order of Condemnation	<input type="checkbox"/> The presence of vermin or the accumulation of debris, uncut vegetation or physical deterioration of the structure or grounds has created potential health and safety hazards and the owner has failed to take reasonable and necessary measures to remove the hazards.
<input type="checkbox"/>	<input type="checkbox"/>	Project Funding	<input type="checkbox"/> The dilapidated appearance or other condition of the building negatively affects the economic wellbeing of residents and businesses in close proximity to the building, including decreases in property value and loss of business, and the owner has failed to take reasonable and necessary measures to remedy appearance or the condition.
<input type="checkbox"/>	<input type="checkbox"/>	Certified Budget	<input type="checkbox"/> The property is an attractive nuisance for illicit purposes, including prostitution, drug use and vagrancy.
<input type="checkbox"/>	<input type="checkbox"/>	Project Implementation Schedule	
<input type="checkbox"/>	<input type="checkbox"/>	Application Certification	
Comments:			

Part 2: Application Approval

Approved Denied

Project #: _____

Grant Amount: \$ _____

Recipient Agreement certification date: _____

Part 3: Closeout Documentation

Yes NO

Final Invoice Received

Closeout Letter Sent w/ request for document of Lien in favor of the County

Receipt of Final Balance of Funds of Project

Received Documentation of Lien within 30 days of receipt of Closeout Letter

Final Payment Made