

DEMOLITION ASSISTANCE PROGRAM APPLICATION



Demolition Program #1

Demolition Program #2

Return completed form to: Development Services Department, 220 South Market Street, Oskaloosa IA. 52577 Phone: 641.673.7472

Applicant's Name: _____

Applicant's Address: _____

Daytime Phone: _____ Mobile: _____

Address of property to be demolished: _____

Legal description of property to be demolished:

By signing this application, the applicant acknowledges that he/she is aware of the provisions and requirements of the Demolition Program checked above including: For both demolition Programs 1 and 2, the applicant understands a demolition permit must be obtained 30 days after the loan is approved and demolition must occur within 90 days of loan approval. In the case of Program 1, a building permit for the new structure must be obtained within 90 days of the completion of the demolition; additionally, if improvements are not made on the property within two years of the date dispersal which equal or exceed the current assessed value of the property to be demolished, the funds granted by the City will have to be repaid. The applicant further understands automatic payments through a checking or savings account is required. The applicant also verifies that the property is not occupied. The applicant further guarantees that the debris will be properly disposed of and will hold the City harmless for any damage or injury that may be caused during the demolition.

Signature Date

The following to be filled out by City Staff

_____ Evidence of Title Received _____ Bids Received _____ Copy of Demolition Permit
_____ Verification applicant has authority to act on behalf of owner if applicant is different from owner

\$ _____ Assessed Value of Property before Demo
Land \$ _____ Improvements \$ _____

\$ _____ Assessed Value of Property after Demo
Land \$ _____ Improvements \$ _____

Date property was demolished _____ Total cost of demolition: \$ _____

Date Grant proceeds issued: _____ Total DAP Grant: \$ _____

Date Grant proceeds issued: _____ Date new improvements were made: _____ (DAP #1)

Housing Department Staff Approval _____