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| **Authorized Representative of Subrecipient/State:**  | **Contract No. and/or WO:**  |
| **Applicant’s Name:**  |
| **Physical Address:**  |
| **City:**  | **State:**  | **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 with demolition must be in accordance with federal, state and local jurisdiction requirements. |
| Select program of which demolition will apply:[ ]  Acquisition/Buyout[ ]  Demolition Only |
| **Choose an item** | **Demolition****(if pending, provide explanation in Remarks)** |
| [ ]  | Permits required for demolition, if so list permits: Demolition permit |
| [ ]  | Hazards identified:

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|[ ]  Asbestos |
|[ ]  Other: |

[x]  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 |

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| Remarks:  |
| Along with this checklist the Subrecipient should attach the following: (check box if included) [ ]  Before pictures of front side, back side, left side, and right side of the home.[ ]  After pictures of the demolished site. [ ]  Abatement documentation if lead hazards were identified[ ]  Disposal tag if asbestos hazards were identified

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| **Signatures** |
| 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.** |
| **Subrecipient or Authorized Representative of State Printed Name:**  | **Date:**  |
| **Subrecipient or Authorized Representative of State Signature:**  |
| **Builder’s Printed Name:**  | **Date:**  |
| **Builder’s Signature:**  |

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| ***Disclaimer:*** *The Texas General Land Office has made every effort to ensure the information contained on this form is accurate and in compliance with the most up-to-date CDBG-DR and/or CDBG-MIT federal rules and regulations, as applicable. It should be noted that the Texas General Land Office assumes no liability or responsibility for any error or omission on this form that may result from the interim period between the publication of amended and/or revised federal rules and regulations and the Texas General Land Office's standard review and update schedule.* |