

CITY OF OSKALOOSA, IOWA
DEMOLITION ASSISTANCE PROGRAM APPLICATION

Applicant's Name: _____

Applicant's Address: _____

Daytime Phone #: _____

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 that if improvements are not made on the property within two years of the date of dispersal that equal or exceed the current assessed value of the improvements to be demolished that the funds granted by the City will have to be repaid. 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

-----TO BE FILLED OUT BY STAFF-----

Evidence of title received

Verification that applicant has authority to act on behalf of owner if applicant is different from owner

Bids Received

Copy of demolition permit

Assessed value of property before Demo:

Land _____ improvements _____

Assessed value of property after Demo:

Land _____ improvements _____

Date property was demolished: _____

Total cost of demolition: _____

Total DAP grant: _____

Date grant proceeds issued: _____

Date new improvements were made: _____

OHTF Chair Approval: _____ CD Director Approval _____