

City of Oskaloosa

# DEMOLITION ASSISTANCE PROGRAM APPLICATION



Return completed form to: Engineering Department  
804 South D Street, Oskaloosa IA 52577  
Phone: 641.673.7472

Demolition Program #1

Demolition Program #2

Applicant's Name: Shane Moore

Applicant's Address: 529 Reid St Box 6 Beacon Ia 52534

Daytime Phone: \_\_\_\_\_ Mobile: 641 - 660 - 5330

Address of property to be demolished: 1206 High Ave West

Legal description of property to be demolished:

Lots 2 and 10 of Lord and Andersons Addition to the City of Oskaloosa

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.

Shane Moore  
Signature

6-10-20  
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

\$ 26,820.00 Assessed Value of Property before Demo  
Land \$ 9360 Improvements \$ 17460

\$ \_\_\_\_\_ 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)

OHTF Chair/Vice Chair Approval \_\_\_\_\_

Housing Department Staff Approval \_\_\_\_\_