



Rob Martin, BSN, MBA Service-Safety Director

## City of Findlay Building Demolition Program APPLICATION

	Contact Phone Number:
	Contact Email:
Contact Mailing Address:	
Is the Property Owner a nonprofit organ  ☐ Yes ☐ No	nization/registered 501(c)(3) in the State of Ohio?
Address of Structure(s) to be Demolish Structure(s) within the City of Findlay:	· · · · · · · · · · · · · · · · · · ·
Description of Structure(s) to be Demolished:	
Please attach a minimum of two photog funding. Photographs Included: □Yes	graphs of each structure that is to be demolished with this □No
Estimated Cost of Demolition:	
Property owner must collect at least two the structure(s) listed above. Quotes Inc	o quotes from different contractors for the demolition of cluded: □Yes □No
Property owner acknowledges s/he is re  ☐ Yes ☐ No ☐ Not Applicable (Nonpre	esponsible for 15% of the final cost of demolition: ofit Organization)
Property Owner Annual Income (Resid Proof of income attached: □Yes □No	
	all information provided is accurate. False information eive funding from this program or forfeiting all
Signature:	
Name:	
Title:	
Date:	<del></del>

All applications are due by 12:00 p.m. on January 6, 2023.