

**City of Larned
Demolition Assistance Program
Application Form**

All improvements funded under this program must comply with City Code 15.28. The property owner must submit a work plan and a firm price. The program will reimburse property owners 50% of the actual cost of demolition up to \$2,000. (With 2 contractor bids) Self demolition will be based on a lowest bid. All footings and foundations must be removed and the property put back into a usable condition. All sewer lines must be capped off (inspected by City Staff-after hrs. call Power Plant for an on-call person to inspect or wait for business hours before covering) No payment will be issued should you fail to comply with these terms.

Name _____ Address _____

Daytime Phone Number _____ Social SS # _____

Location of demolition _____

Garage _____ Shed _____ House _____ Other _____

Demolition is taking place due to: (Check as many as apply)

Safety Issue City Ordered Improvements Group Effort Self

Copy of Demolition regulations has been provided to the applicant _____ Initials _____

Application Received by _____ Date _____

Applicant: _____ Date _____

Actual cost of demolition up to \$2,000 will be awarded. Must comply with City Codes. All footings and/or concrete or block foundations must be completely removed from the site. Self removal based on actual time, (keep hrs) landfill fees and any rentals or materials actually used. Receipts required.

Kansas One Call must be contacted prior to Demolition. Their number is provided for your convenience 1-800-344-7233. Kansas Gas Service needs to be contacted for house demolitions (gas service removal) even if there has been no service in years. City must be contacted for water and electrical service removals by calling the Power Plant number 620-285-8585.

For Office Use Only

Application Received by: _____ Date _____ Contractor/Self _____

Total Project \$ _____ Bids Reviewed _____ Cost Share \$ _____

Work Plan and Firm Price Received _____ Approved _____ Not Approved _____

Kansas Gas Service, Water Department and Electric Department Contacted _____

Water Line Removed _____ Sewer Line Capped Off _____

Start Date _____ Finish Date _____ One Call Ticket # _____

Approved _____ Cost Share Paid _____ Date _____