

**City of Ainsworth
Demolition Grant Application (LB840)**

Business Name: _____

Property Owner: _____

Phone: _____

Email: _____

Property Address: _____

Legal description of property to be demolished: _____

Anticipated Project Start Date: _____

Estimated Project Cost

Estimated total cost \$ _____

Asbestos Inspection \$ _____

Asbestos Removal \$ _____

Demolition \$ _____

Disposal Fee \$ _____

Grant Request \$ _____

Project Description

Have City permits been issued/approved? Yes _____ No _____ (Attach)

Contractor(s) and contact information:

Asbestos Inspector: _____

Phone: _____

Demolition Removal: _____

Phone: _____

Location for Disposal: _____

Phone: _____

Timeframe for completion: _____

Are there any liens against the property to be demolished? Yes _____ No _____

If yes, please list all liens: _____

All information provided in this application is true and accurate to the best of my knowledge. Any grant funds that may be awarded will be used specifically for the project as presented in this application and in accordance with the Grant Agreement, otherwise applicant agrees to return any funds awarded to the City of Ainsworth.

Authorized Representative Signature _____ **Date** _____

Printed Name _____

Committee Checklist

Is project consistent with Strategic Plan? Yes _____ No _____

Are City permits attached? Yes _____ No _____

Assessor Sheet: Please attach

50% match required _____

Reimbursement _____

Recommend for Approval? Yes _____ No _____ **Amount:** \$ _____

**Please return to North Central Development Center
356 S. Main Street, Suite B
Ainsworth, Ne. 69210**

Email: ncdcdirector@gmail.com

Phone: 402-387-2740