

**McKean County Act 152
Blight Demolition Bid Form**

Property Information (property to be demolished)

Owner Name		Phone	
Contact Name (if other than Owner)			
Property Address			
City		State	Zip
Email			

Contractor Information

Contractor		Phone	
Primary Contact Name			
Company Address			
City		State	Zip
Email			

Cost Estimate

Item	Cost
<i>Hazardous Material Abatement/Removal</i> (if applicable)	\$
<i>Demolition & Site Restoration</i> (all expenses related to demo, permitting, hauling material, fill, grading, grass seed. Site restoration only includes fill, grading and grass seed to match surrounding grade.)	\$
<i>Disposal Estimate</i> (reimbursement will be based on actual cost up to the amount provided in this estimate – weigh slips and landfill invoice(s) required)	\$
Total Estimated Project Cost (sum of rows above)	\$

This proposal in the total sum of \$_____ includes all work, equipment, materials necessary to undertake and complete a demolition project at the property referenced above and is respectfully submitted by:

Name & Title of Authorized Contractor Agent: _____

Signature of Authorized Agent: _____ Date: _____

Homeowners Acceptance of Proposal

I, _____, accept this proposal to demolish the structure identified above.

Grant Recipient Signature: _____ Date: _____