



City of Tolleson
Residential Demolition Program
 9555 West Van Buren, Tolleson, AZ 85353
 Phone (623) 936-2728
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 TTY users dial 711 for Relay

Residential Demolition Program

Name of Owner(s): _____

Address of Property: _____ Year Built: _____

Legal Description: _____ Parcel No.: _____

Mailing Address: _____ City _____ State _____ Zip _____

Telephone: () _____ Email: _____

Type of Structure: _____ Number of Structures on Property: _____
(Single Family Home; Multifamily Housing)

Length of time property has been vacant: _____ Last known use of the property: _____
(Property must be vacant for at least 90 days before an application for the Residential Demolition Program may be submitted to the City.)

Length of time you have owned this property: _____

1) Describe the property to be demolished/cleared; include all known or suspected environmental issues (i.e., underground fuel tanks): _____

2) Identify whether the demolition is required because of a government action (i.e., Code Compliance, Planning & Zoning, etc.): _____

I/we understand that it is a crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts.

I/we guarantee that the information provided is true and correct to the best of my/our knowledge. I/we understand that the City of Tolleson may verify any information given above and hereby authorize them to do so.

Applicant _____ Date _____

Applicant _____ Date _____

APPLICATION CERTIFICATIONS:

I/we understand and agree to the following terms and conditions:
(Please Initial Each Item)

Initials

_____ The property to be demolished has been vacant for at least 90 days.

_____ I/we believe that the property to be demolished is “blighted,” as described in the Residential Demolition Program Guidelines, Appendix A.

Unless expressly waived by the City in writing, the Program requires the property owner(s) to share in the cost of the demolition project in an amount equal to **25%** of the project cost. If the property owner does not have the financial means to provide the **25%** match they agree to allow the City of Tolleson to lien the real property for said amount. These costs may include:

- Testing for hazardous materials as required by applicable laws and regulations;
 - Removal and abatement of any hazardous materials;
 - Demolition of the dilapidated structures; and
- _____ • Clearance of any debris or vegetation on the property.

_____ The matching portions of the project costs must be provided to the City of Tolleson for placement in a savings account prior to commencement of the project. The funds will be made payable to the City of Tolleson.

_____ I am/we are responsible to maintain the property to comply with all local, state, and federal codes.

_____ Upon approval of the application, the City of Tolleson is authorized and directed to remove the structure(s) and other such debris as may be found on the subject property.

_____ The City of Tolleson shall acquire, at its own expense, a condition of title report showing that the fee simple title to the subject property is in the name of the property owner(s) listed above, and identifying any lien holders of record on the property.

_____ There shall be no special assessments levied against the subject property under the “Residential Demolition Program” because of the removal of the structure(s) and debris, unless otherwise noted.

_____ The City of Tolleson will not perform any salvage of personal property, nor will the demolition be unreasonably delayed for purposes of salvage.

_____ I understand that it is my responsibility to notify all relevant utility companies that service to the property must be abandoned/terminated prior to demolition work.

_____ I/we understand that submitting this application does not guarantee eligibility or selection for participation in the Residential Demolition Program.

