



Cuming County Economic Development (CCED) Housing Demolition Program Guidelines

Purpose: The purpose of the CCED Housing Demolition Program is to assist eligible communities within Cuming County to demolish dilapidated residential structures and clean up the area to make room for future development. The program was funded by the Don E. Nielsen Foundation and will be run through the Cuming County Economic Development, Inc.

Eligibility: The property must be within city limits to be eligible for demolition.

Applicant Eligibility:

1. Applicant must get approval from their municipality before the application process can begin.
2. Application must be submitted by the respective municipality.
3. Applicant must show proof of redevelopment through donating the lot to the municipality or rebuilding/selling lot for future development.
4. Projects are eligible for a matching grant of up to \$5,000.
5. Grant funds can contribute to overall projects that include lending options. This is a reimbursement grant. Applicant must show proof of payment and the city must sign off on payment before the CCED will reimburse the project.
6. All applicants are required to provide before/after photos of the project and must provide a quote highlighting the total cost of the project.

At least one (1) project should be completed in each community within nine (9) months of the program which runs from September 1, 2016 to June 31, 2017. As of July 1, 2017 any remaining funds will be distributed on a first come - first serve basis until all monies have been dispersed.

Demolition Process:

1. Property is inspected and condemned by community representative
2. Contractor selected
3. Application submitted to the CCED office
4. Application approved by the CCED Board of Directors
5. Demolition of property occurs, demolition must start within 30 days of approval and completed within 120 days.
6. Property is inspected by community building representative
7. Payment is approved



STRUCTURE CONDITION SURVEY

Address: _____ City: _____
 MAP # _____ Year Built: _____

Vacant: Yes No

For Sale: Yes No

CONSTRUCTION TYPE:

Wood Frame
 Masonry
 Mobile
 Modular
 Other _____

STRUCTURE TYPE:

Single Family with Detached Garage
 Single Family with Attached Garage
 Duplex
 Multi-Family # of Units _____
 Other _____

FRONTAGE IMPROVEMENTS, IF APPLICABLE:

Curbs Yes No
 Paved Street Yes No
 Gutters Yes No

Sidewalks Yes No
 Driveway Yes No
 Adequate Site Drainage Yes No

#1 - FOUNDATION:

0 Existing foundation in good condition
 10 Repairs needed
 15 Needs a partial foundation
 25 No foundation or needs a complete foundation

#4 - WINDOWS:

0 No repair needed
 1 Broken window panes
 5 In need of repair
 10 In need of replacement

#2 - ROOFING:

0 Does not need repair
 5 Shingles missing
 5 Chimney needs repair
 10 Needs re-roofing
 25 Roof structure needs replacement and re-roofing

#5 - ELECTRICAL:

0 No repair needed
 5 Minor repair
 10 Replace main panel

#3 - SIDING/STUCCO:

0 Does not need repair
 1 Needs re-painting
 5 Needs to be patched and re-painted
 10 Needs replacement and painting
 10 Asbestos/Lead-Based

STRUCTURAL SCORING CRITERIA

Sound:	9 or less
Minor-Damage:	10 – 15
Moderate-Damage:	16 – 39
Substantial-Damage:	40 – 55
Dilapidated:	56 and over

DILAPIDATED UNIT (Scoring 56+)

A unit suffering from excessive neglect, where the building appears structurally unsound and maintenance is nonexistent, not fit for human habitation in its current condition, may be considered for demolition or at a minimum, major rehabilitation will be required.

#1 Foundation	#2 Roofing	#3 Siding/Stucco	#4 Windows	#5 Electrical	TOTAL POINTS

Comments:

Surveyor: _____

Surveyor Signature: _____ Date: _____



Application Number
Date Received

PART I. GENERAL INFORMATION

TYPE OR PRINT ALL INFORMATION

All Funding subject to predetermined max for individual communities

COMMUNITY IDENTIFICATION	PROPERTY OWNER IDENTIFICATION (If different from Community)			
Community Name	Name/Business			
Mailing Address	Mailing Address			
(City) (State) (ZIP)	(City) (State) (Zip)			
Contact (Name/Title)	Contact (Name/Title)			
Telephone Number	Telephone Number			
Fax Number	Fax Number			
Federal Tax ID Number	Duns # / SS#			
Email Address	Email Address			
Property Identification:	OWNERSHIP TYPE			
	<table style="width: 100%; border: none;"> <tr> <td style="padding-left: 40px;">Minority</td> <td>Disabled</td> </tr> <tr> <td style="padding-left: 40px;">Female</td> <td>Other</td> </tr> </table>	Minority	Disabled	Female
Minority	Disabled			
Female	Other			
Street Address:	FUNDING SOURCES			
	Funds Requested \$			
Legal Description:	Matching Funds \$			
	Other Funds \$			
	Total Project Funds \$			
<i>(Round amounts to the nearest hundred dollars.)</i>				

Please Describe Property (building size, type, condition)



PART II. FUNDING SUMMARY

(Round amounts to the nearest hundred dollars.)

Activity	CCED Funds	Matching Funds	Other Funds	Total Funds	Sources of Matching or Other Funds
Demolition/Clean up					
Rehab/Improvement					
Total Budget					

- Please provide cost estimates for this project.
- If matching funds are being contributed, please use one line per source

DESCRIBE REDEVELOPMENT PLANS (if any):

DESCRIBE ANY ECONOMIC IMPACT (if a project is ready to develop)

SELECT APPLICABLE

- Community has building codes
- Community has zoning ordinances
- Property has a Phase I Environmental Review
- Property is in a Special Hazards Flood Zone

CERTIFICATIONS

- There are no pending legal actions underway or being contemplated that would significantly impact the demolition of this facility.
- There are no unpaid property taxes filed against the property.
- There are no liens/assessments on the property, or proof of any are attached
- The property owner signing has full legal authority to sign
- Make checks payable to (Required): _____

Community Signature

Date

Property Owner

Date

Attest

Typed Name/Title

Date



**DISCLOSURE OF RELATIONSHIP TO CCED, INC. &
CCED STAFF AND BOARD OF DIRECTORS**

APPLICANT/CO-APPLICANT: Please review the list below of CCEDD Staff Members and Board of Directors and indicate with a checkmark if you are related to any of the names on the list. ***Being related does not disqualify the property.***

Staff Members: Board Members:

Kelly Gentrup

Jon Bailey, Bancroft

Tom Goulette, West Point

Rose Jaspersen, Cuming County

Jon Cerny, Bancroft

Doug Steffensmeier, Beemer

Al Vacanti, Wisner

Bonnie Vogltance, West Point

Holly Schroeder, Wisner

Chet McWhorter, West Point

I/we acknowledge that I/we (**please check one and sign below**):

am/are related to staff of the CCED, Inc. or their Board of Directors listed above and indicated by a checkmark(s).

Property Owner

Date

Co-Property Owner

Date