

COUNTY OF ORLEANS
 Property Demolition Assistance Application



APPLICANT INFORMATION		
Municipality:	Applicant Name:	
Property Address:	Date:	
City:	State:	ZIP:
Contact Phone:	Contact email Address:	
Proposed Demolition date:		
Reason for Demo:		
County Assistance Requested:		
Have you obtained an engineering report on the condition of the property? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please attach. If not, why?		
Have you obtained an asbestos test? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please attach. If not, why?		
Have you obtained an opinion of counsel on the demolition of the property? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please attach. If not, why?		

Chief Administrative Officer: _____

Circle one : **APPROVED** or **DENIED**

Date: _____