

**BELOIT  
PRE-APPLICATION FOR DEMOLITION**

1. PROPERTY OWNER (s) NAME: \_\_\_\_\_  
Property Owner Property Owner

ADDRESS: \_\_\_\_\_

TELEPHONE: (HOME:) \_\_\_\_\_ (WORK) \_\_\_\_\_

2. NUMBER OF PERSONS IN HOUSEHOLD: \_\_\_\_\_ disabled? ( ) yes ( ) No

4. ETHNIC/RACIAL BACKGROUND OF PRIMARY INCOME EARNER (Please check one):  
( ) White ( ) Black ( ) Hispanic ( ) American Indian/Alaskan Native ( ) Asian or Pacific Islander ( ) Other

5. WHAT IS THE ADDRESS OF THE PROPERTY TO BE DEMOLISHED?  
\_\_\_\_\_, Beloit, KS

6. WHAT STRUCTURES DO YOU WANT DEMOLISHED? \_\_ house \_\_ garage \_\_ shed(s) \_\_ all  
other \_\_\_\_\_

7. IS THERE A WELL AND/OR SEPTIC TANK LOCATED ON THE PROPERTY? \_\_ Yes \_\_ No  
*If yes, a map showing the location of the well and/or septic tank should be submitted prior to the demolition initial inspection.*

COMPLETE PRE-APPLICATION, ATTACH PROOF OF OWNERSHIP (Deed) AND PAID  
PROPERTY TAXES (Tax Receipt) AND RETURN TO MITCHELL COUNTY COMMUNITY  
DEVELOPMENT DIRECTOR

*Certifications:*

**I CERTIFY, AS THE ABOVE PROPERTY OWNER, THAT ALL INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. IF THE APPLICATION IS APPROVED, I AUTHORIZE DEMOLITION TO BE ACCOMPLISHED UNDER THIS CDBG PROJECT AND WILL PROVIDE ACCESS TO THE PROPERTY, AS REQUIRED, BY DEMOLITION PERSONNEL**

**// WE CERTIFY THAT ALL ITEMS OF VALUE WILL HAVE BEEN REMOVED AND THE STRUCTURE WILL BE READY FOR DEMOLITION ON OR BEFORE \_\_\_\_\_**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date