

DATE: _____

PROJECT: _____

PARCEL NO: _____

CHECKLIST FOR ASBESTOS AND DEMOLITION OF PROPERTY

I. REGION

Region contact person and phone number: _____

Anticipated construction start date: _____

Property information:

SAP Building #: _____

Property street address: _____

Property category: _____

Property Status: Vacant Occupied

Date of Possession: _____

Directions to property: _____

Asbestos:

Inspection requested

Check if inspection has already been completed (Inspection Completion date: _____)

Abatement Needed

To be completed by: Property Mgmt. Construction Contractor

Expenses charged to:

Project Code/Cost Center: _____ Function: _____ G/L Acct #: _____

Property Management

Access: Keys enclosed Lock Box Combo (Combo # _____) Region will provide access

Removal of improvements:

Property Management* Construction Contractor CDOT Maintenance

*To be removed by (date) _____

Demolition of improvements

Foundation: buried removed stockpiled for construction use

Adjacent landowner notified

Date Notified: _____

Demolition Instructions (Specific: i.e. removal of foundations, retaining walls, trees/shrubs, fencing, mailboxes, utility poles, signs, septic tanks, trash, etc): _____

_____ **Sale of improvements**

Reason for selling: _____
Proceeds credited to Project Code: _____ GL Acct #: _____ Function: _____
Means of advertising (3 local newspapers): _____

Size and construction material of structures: _____

Building Inventory (all buildings/structures that are part of this request): _____

Additional miscellaneous information: _____

Utility information:

**** Regions are to contact Utility Vendors to have the utilities shut off ****

Date Region to Shut Off Utilities: _____

Date transferred to CDOT: _____

_____ Utility shut off/disconnect If assessed by City then are fees current? _____

_____ Water/sewer Date: _____
_____ Electric Date: _____
_____ Gas Date: _____
_____ Phone Date: _____

_____ Winterization required
_____ Plumbing

_____ Well
_____ Abandon _____ Cap _____ Permit to be transferred

_____ Septic
_____ Pump tank _____ Fill tank _____ Remove tank / leach field

_____ Security of structure needed
_____ HVAC cooling liquids removed _____ To be removed by Property Management

Recommendations of terms and conditions for disposal of property and improvements:

Region shall provide with this form:

Keys, Inventory, ISA and PSI reports, SWMP, Legal description and current map of the property showing all improvements to be disposed of in CDOT ROW or Easement areas.

II. Property Management

Property Management on-site review by: _____ Date: _____
Region Attendees: _____

Ad review for publishing: _____ Date advertised by Procurement: _____
Bid awarded to: _____
Amount of award: _____

Any issues after Demolition: _____ Yes _____ No

If Yes then Explain: _____

