

DATE: _____

PROJECT _____

PARCEL NO. _____

CHECK LIST FOR DISPOSAL OF PROPERTY

I. TO BE COMPLETED BY THE REGION

Region contact person and phone number: _____

Property Address: _____ Property Category: _____

Reason for Selling: _____

Is this request for an asbestos inspection only? _____

If needed, abatement to be completed by: Staff ROW _____ Construction _____

Expenses charged to Project: Code _____ Object _____ Function _____

Proceeds credited to Project: Code _____ Object _____ Function _____

Recommendations of terms and the conditions to dispose of the property and improvements: _____

All improvements are to be removed by: (date) _____

If improvements are to be demolished foundation should be:

Buried _____ Removed _____ Stockpiled for construction use _____

Adjacent landowner notified: _____ Date: _____

Means of advertising (3 local newspapers): _____

Direction to Location: _____

If improved property, date all utilities transferred to CDOT: _____

If assessed by the City, are Wastewater Management fees current? _____

Water shut off date: _____ Elec. & gas shut off date: _____

Is there a well or septic tank on the property? _____ (Show location on map or plan sheet)

Fill _____ Remove _____ Cap _____

Date property winterized: _____ Are improvements secured? _____

Any maintenance items needed immediately: _____

PROVIDE THE FOLLOWING ITEMS WITH THIS FORM:

Keys, inventory, ISA and PSI Reports, legal description and a current map of the property showing all Improvements to be disposed of in CDOT's new ROW or easement areas.

II. TO BE COMPLETED BY STAFF RIGHT OF WAY

On-site review by Agent: _____ Date: _____

Ad reviewed for publishing: _____ Date advertised by Procurement: _____

Bid awarded to: _____

Amount of award: _____