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: __________________________ Date: ______________

Ad review for publishing: _______________ Date advertised by Procurement: _______________

Bid awarded to:
Amount of award:

Any issues after Demolition: _____ Yes _____ No
If Yes then Explain: _________________________________________________________________