



Submit Requests to:  
SCLRC  
c/o Stark County Regional Planning Commission  
201 – 3<sup>rd</sup> Street NE, Suite 201  
Canton, OH 44702

## Demolition Assistance Program (DAP) Request Form

Interested Applicants may complete this form for consideration for funding assistance for demolition of a property from the Stark County Land Reutilization Corporation (SCLRC). Please review the SCLRC’s DAP Policies prior to completion.

### Applicant Information:

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person's Name and Title: \_\_\_\_\_

Phone: (where you can be reached between 8 am and 4 pm weekdays) \_\_\_\_\_

Email: \_\_\_\_\_

### Property/ Project Information:

Address of Intended Demolition: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Brief description of project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Funding Amount Requested:

Estimated Total Cost of Demolition \$ \_\_\_\_\_

**Requested Funding Amount \$ \_\_\_\_\_**

*(Amount up to 50% of total demolition hard-costs)*

### Attachments Required

- Property Inspection Report from Certifying Individual (i.e. Fire Chief, Building Inspector, Health Inspector, etc.)
- Sworn Statement of Abandoned-Vacant Land
- Photos of Property
- Contractor Estimate(s) of Total Demolition Cost
- Letter of Support from local Political Subdivision *(For Non-Profit Organizations or other Entities)*

### Signature Required

I am authorized to sign on behalf of the above-listed applicant. I understand that the SCLRC will review my request and contact me if any additional information is required. I understand the SCLRC does not commit to providing funding assistance for demolition of the identified lot and that this form is a statement of request only.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

For more information or questions, contact 330-451-7389