



Pre-Deconstruction Inspection Checklist

Applicant Name: _____ Date: _____

Address: _____ Year Built: _____

APPLICANT COMPLETE THIS SECTION

Please indicate which materials present in your property are proposed to be removed by selecting from the list of items below. Please complete prior to Pre-Deconstruction Inspection scheduled through the Community Development Department.

- | | | | |
|---------------------------|--|----------------------------|--|
| Doors: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lighting fixtures: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Plumbing fixtures: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Working appliances: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hardwood flooring: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cabinets: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Windows: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Countertops: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wall Studs: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Brick: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stone: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Materials: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

FOR OFFICIAL USE ONLY

This section shall be completed by staff during the Pre-Deconstruction Inspection. A copy of this inspection sheet shall be given to the applicant as a record of the deconstruction requirements for this application.

- | | |
|--|---|
| Doors: <input type="checkbox"/> Yes <input type="checkbox"/> No QTY: ____ | Lighting fixtures: <input type="checkbox"/> Yes <input type="checkbox"/> No QTY: ____ |
| Plumbing fixtures: <input type="checkbox"/> Yes <input type="checkbox"/> No QTY: ____ | Working appliances: <input type="checkbox"/> Yes <input type="checkbox"/> No QTY: ____ |
| Hardwood flooring: <input type="checkbox"/> Yes <input type="checkbox"/> No QTY: ____ | Cabinets: <input type="checkbox"/> Yes <input type="checkbox"/> No QTY: ____ |
| Windows: <input type="checkbox"/> Yes <input type="checkbox"/> No QTY: ____ | Countertops: <input type="checkbox"/> Yes <input type="checkbox"/> No QTY: ____ |
| Wall Studs: <input type="checkbox"/> Yes <input type="checkbox"/> No QTY: ____ | Brick: <input type="checkbox"/> Yes <input type="checkbox"/> No QTY: ____ |
| Stone: <input type="checkbox"/> Yes <input type="checkbox"/> No QTY: ____ | Other Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No QTY: ____ |

Notes: _____

