



City of Lancaster

Administrative Policy Manual (NOT A CONTRACT)

Section I
Administrative Matters
Policy 1.08
Effective July 12, 2004
Revised (6/13)

FINANCIAL PARTICIPATION for DEMOLITION in LIEU OF CONDEMNATION

The Building Official is authorized to financially participate, subject to the limitations of this policy, when a building owner agrees to voluntarily demolish a building in lieu of the Building Official having to condemn the building. The Building Official is authorized to participate by offsetting one-half of the documented cost of building demolition, on a reimbursable basis, subject to the following conditions.

1. The maximum level of financial participation will be capped at \$2000, subject to the availability of funds with the City of Lancaster budget.
2. The amount of financial participation will be confirmed in written form by the Building Official prior to any work beginning. Any work begun prior to the Building Official establishing the amount of funding will not be eligible for inclusion in this program.
3. Prior to the disbursement of funds, the Building Official will ensure that the work has been completed satisfactorily and the lot left in a suitable condition.
4. Reimbursements made by the City will follow normal payment methods established by the City of Lancaster.
5. The building owner must agree to voluntarily demolish the building prior to the Building Official beginning condemnation actions to demolish the building at City expense.
6. The building owner will be responsible for all activities including, but not limited to, the selection of the contractor, the removal of debris, obtaining necessary insurance coverage and meeting all regulations concerning the removal of buildings.
7. In order to qualify for the provisions of this policy, all work performed must be conducted by a properly licensed contractor. All permits must be secured prior to initiating any work.
8. The time limit for a response to cause this policy to be applicable cannot exceed thirty (30) days from the initial date of notification by the Building Official that corrective action is warranted.



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9. In order to exercise provisions of this policy, a building owner, or a building owner's representative, gives express permission to the City to conduct training exercises on the subject premises by emergency personnel and will hold harmless any damage to the property or contents that may result from such training. Advance notice must be provided to the City advising dates of demolition in order that any training activity may be planned accordingly.
10. A building owner, or a building owner's representative, will sign a binding agreement acknowledging all requirements and will, without undue delay, honor any and all commitments made to the City.
11. If, in the opinion of the Building Official, a property is dangerous and warrants immediate corrective action, provisions of this policy cannot be made available.
12. The Building Official may impose such other condition as may be needed due to the specific character of a building, former use, condition of the land, etc.
13. Any actions deemed to be unacceptable by the Building Official concerning reimbursement from the City for expenses incurred as a result of voluntary demolition, is subject to review and final disposition by the City Administrator.



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Pursuant to Administrative Policy 1.08 of the City of Lancaster, _____, legal owner of property located at _____, Tax Map # _____, wish to participate by agreeing to demolish the vacant building(s) located on this property. I do hereby authorize the City to enter the premises for purposes of training, as deemed appropriate by the City. I will hold the City of Lancaster harmless for any damage to the structure or property as well as the contents as a result of such training. I will coordinate all activity with the City Building Official and will advise him of the contractor selected and the date schedules for demolition. I will utilize the services of a properly licensed contractor. Upon completion of demolition, I will submit a receipt of the bill paid in full along with copies of all bids received, for consideration by the City of Lancaster for reimbursement of a portion of the cost, not to exceed one-half of the cost of demolition or two thousand dollars, whichever is less. I understand the funds may not be available at all times. I understand that demolition must comply with City guidelines, and I agree to such. I also understand that reimbursement, if provided, will follow normal payment methods of the City. I affirm that I have read and understand the City of Lancaster's "policy to financially participate when the owner of a building desires to demolish the building in lieu of condemnation" and agree to be bound by its terms. I will commence demolition within thirty (30) days of notification from the Building Official that my Property is subject to an enforcement action through rehabilitation or demolition. I understand if any liens are recorded against the property by the City of Lancaster, or if I am subject to other debts owed to the City of Lancaster by judgment or any other means, adjustments in like amounts will be deducted from the amount paid by the City.

Owner Signature _____ Date _____

Print Owner Name _____

Witness Signature _____ Date _____

Print Witness Name _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	(Applies to accounts maintained outside the United States.)	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	

6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																																						
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p>Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Social security number</td> </tr> <tr> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 15px; height: 25px;">-</td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> </tr> <tr> <td colspan="11" style="text-align: center; padding: 2px;">or</td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 15px; height: 25px;">-</td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> <td style="width: 30px; height: 25px;"> </td> </tr> </table>	Social security number													-								or											Employer identification number													-							
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Part II Certification	
Under penalties of perjury, I certify that:	
<p>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</p> <p>2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</p> <p>3. I am a U.S. citizen or other U.S. person (defined below); and</p> <p>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</p> <p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.</p>	

Sign Here	Signature of U.S. person _____	Date _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they