

EXHIBIT C

REHABILITATION PROPOSAL FORM



PROPERTY & REHABBER INFORMATION –

Blighted Property Address: _____

Rehabber (Project Manager): _____ Proposal Date: _____

Company (if applicable): _____ Phone: _____

Address: _____ Email: _____@_____

PROJECT CONSTRUCTION –

Estimated Rehabilitation / Construction Costs: \$ _____

Anticipated Start Date: _____ Anticipated Completion Date: _____

CONTRACTORS PERFORMING CONSTRUCTION –

Please provide licenses, resumes, or credentials of all listed contractors.

Contractor One

Name: _____

Address: _____ Phone: _____ Email: _____

License Type and Number (if applicable): _____

Contractor Two

Name: _____

Address: _____ Phone: _____ Email: _____

License Type and Number (if applicable): _____

Contractor Three

Name: _____

Address: _____ Phone: _____ Email: _____

License Type and Number (if applicable): _____

PROJECT TYPE – Please choose the category listed below that best describes your proposal:

- New Construction
- Rehabilitation
- Demolition and New Construction
- Rehabilitation with New Construction (Addition)
- Other (please describe): _____

PROPOSED USE(S) – Respond to all options that apply.

Residential Use

- Owner-Occupied: I plan to live in the home myself.
- Owner-Occupied: I plan to sell the home to a new owner-occupant.
- Renter-Occupied: I plan to rent the home.
- Multi-Family Rental: I plan to rent multiple housing units.

Number of Units Proposed _____

Commercial or Institutional Use

- Commercial
Number of Units Proposed _____
- Non-Profit or Community Facility
Number of Units Proposed _____

Other Use

- Mixed-Use (please describe): _____

REQUIRED PERFORMANCE DEPOSIT –

A performance deposit in the amount of \$1,000.00 (one thousand dollars) is required to be paid by check made out to the Redevelopment Authority of the City of Lancaster prior to the execution of a rehabilitation agreement for your rehabilitation proposal.

REHABILITATION PROPOSAL/COST ESTIMATE – You must provide detailed responses to each of the prompts in this section to describe your rehabilitation proposal and cost estimates. If an item does not apply to your proposal, please denote “N/A” to indicate that the item is not applicable. All work must comply with applicable codes and regulations. If your proposal is accepted, please contact the City of Lancaster’s permit clerks at permitclerk@cityoflancasterpa.gov or 717.291.4724 for information on how to apply for necessary building permits.

General Requirements

Cost

Date of Completion

Permits & Fees

Trash Removal

Demolition or Material Replacement

Does the scope include demolition of a structure, in whole or in part?

Yes | No

Does the scope include removal or replacement of exterior building materials?

Yes | No

General Rehabilitation Scope of Work

Please provide a detailed description for each component along with the corresponding cost estimates.

Exterior Building Work

Estimated Cost

Exterior Demolition Work

\$ _____

Roof and Spouting

\$ _____

Windows, Doors, Woodwork

\$ _____

Porches, Decks, Balconies, Stairs

\$ _____

Walkways, Patios, and Flat work

\$ _____

Brickwork, Stonework, and Siding

\$ _____

Accessory Structures

\$ _____

Landscaping

\$ _____

Other Exterior Work

\$ _____

Interior Rehabilitation Work

Estimated Cost

Lead-Based Paint Remediation and Lead Safe Certification (If Required)

\$ _____

Interior Demolition Work

\$ _____

Walls, Drywall, Structural Repairs

\$ _____

Flooring, Tripping Hazards

\$ _____

Ceilings

\$ _____

Cabinetry

\$ _____

Woodwork

\$ _____

Electrical

\$ _____

Plumbing

\$ _____

Mechanical, HVAC

\$ _____

Other Interior Work (please describe)

\$ _____
