

City of Glen Ullin

Gateway to the Heart Butte Dam

This institution is an equal opportunity provider.

Mayor: Doug Martwick
Auditor: Vicki Horst
Attorney: Olivia Krebs

President: Brent Swanson
Vice-President: Chasity Wood
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Demolition Assistance Grant Application

Tax Assessment #	_____	Block	_____
Owner	_____	Lot	_____
Property Address	_____	Addition	_____
Building Type	_____	Zoning	_____
Email Address	_____	Phone	_____
Proposed Start Date	_____	Anticipated Completion	_____
Contractor	_____	Contractor's Number	_____
Estimated Cost of Demolition	_____	Disposal Location	_____

Type of Structure: ☐ Residential ☐ Commercial ☐ Accessory/Outbuilding

Current Condition of Structure _____

Reason for removal _____

Intended Use of Property _____

- The City is authorized to provide three (3) grants per calendar year.
- Each grant covers one-half of the demolition cost, not to exceed \$5,000 per project.
- Funds are awarded on a first-come, first-served basis upon approval by the City Council.
- The applicant is responsible for all costs exceeding the City's contribution.
- This program applies only to new demolition projects. Work that has already been completed prior to grant approval is not eligible for funding.
- The City reserves the right to cancel or modify the program at any time without notice.
- Awarded funds will be paid when building is removed and bill is presented for payment.
- The approved building must be demolished and fully removed within one (1) year of the grant award date in order for the applicant to receive payment.

Required Attachments

☐ Contractor demolition estimate ☐ Photos of the structure

Applicant Certification

I certify that the information provided in this application is true and accurate to the best of my knowledge. I agree to comply with all City requirements related to demolition, debris removal, and site restoration.

Applicant Signature: _____ Date: _____

For City Use Only

Grant Approved: ☐ Yes ☐ No

Council Approval Date	_____	Amount Approved	_____
Payment Amount	_____	Payment Date	_____