

DEMOLITION ESTIMATE

Contractor: [Company Name]
[Address Line 1]
[License Number]

Estimate #: _____
Date: _____
Valid Until: _____

CLIENT / BILLING

[Name/Company]
[Billing Address]
[Phone/Email]

PROJECT SITE

[Site Address/Location]
[Property Type: Residential/Commercial]
[Permit Status]

Description of Services (Debris Removal, Permits, Labor)	Qty/Hrs	Unit Price	Total
Site Preparation & Safety Fencing			
Structure Demolition (Interior/Full)			
Hazardous Material Handling (if applicable)			
Waste Hauling & Disposal Fees			

Description of Services (Debris Removal, Permits, Labor)	Qty/Hrs	Unit Price	Total
Site Grading & Final Clean-up			

Subtotal: \$0.00

Tax/Permit Fees: \$0.00

Estimated Total: \$0.00

TERMS & CONDITIONS

1. This estimate is based on visible conditions. Any hidden structural issues or undisclosed hazardous materials (asbestos, lead) may incur additional costs.
2. Salvage rights belong to the contractor unless otherwise specified in writing.
3. Payment terms: [X]% deposit required to schedule; balance due upon completion.

Contractor Signature / Date

Client Acceptance Signature / Date