

STRUCTURAL DEMOLITION INVOICE

High Rise Specialist Division

Invoice #: _____

Date: _____

CLIENT INFORMATION

Name: _____

Address: _____

Contact: _____

PROJECT LOCATION

Building Name: _____

Total Floors: _____

Permit ID: _____

Service Description (Structural/Floor Level)	Units	Rate	Total
Structural Slab Removal (Levels: ____)			
Load-Bearing Wall/Column Demolition			
Steel Superstructure Dismantling			

Service Description (Structural/Floor Level)

Units

Rate

Total

Debris Chute Management & Hauling

Hazardous Material Abatement

Subtotal: \$ _____
Equipment/Permit Fees: \$ _____
Tax: \$ _____
Total Amount: \$ _____

Notes: All demolition performed according to structural engineering safety protocols. Payments due within 30 days of invoice date.