

DEMOLITION INVOICE

[Contractor Name]

[Address]

[License #]

[Phone]

Invoice #: _____

Date: _____

BILL TO:

PROPERTY SITE ADDRESS:

Description of Demolition Services	Quantity/Hrs	Rate	Amount
Permit Procurement & Utility Disconnects			
Primary Structure Demolition (Residential)			
Debris Removal & Heavy Hauling Fees			
Land Clearing & Site Grading			
Other: _____			

Subtotal:\$ _____
Disposal/Landfill Fees:\$ _____
Tax:\$ _____
TOTAL DUE:\$ _____

Notes: [Asbestos clearance, Backfill specifics, etc.]

Payment Terms: Due within ____ days. Make checks payable to: _____