

DEMOLITION PLAN

FOR THE JACKSON MEMORIAL BUILDING

**145 Broadway Street
Jackson, Jackson County, Ohio 45640**



Prepared For:

Jackson County Economic Development Partnership
920 Veterans Drive, Suite A
Jackson, Ohio 45640

October 22, 2025

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1.0 INTRODUCTION

The Jackson County Economic Development Partnership (JCEDP) has developed this Demolition Plan for the Jackson Memorial Building located at 145 Broadway Street in Jackson, Ohio (Subject Property), see Figures 1 and 2. JCEDP plans to demolish the building on the Subject Property. The following includes a brief description of the Subject Property building and scope of work for the demolition activities.

This Demolition Plan provides a brief background about the project, a description of the Subject Property and its history (Section 2.0), an explanation of the Bidding Process (Section 3.0), and a description of the requested Scope of Work (Section 4.0).

BACKGROUND

A Pre-Renovation Asbestos-Containing Materials (ACM) survey and a Pre-Renovation Lead-Based Paint (LBP) inspection were conducted previously at the Subject Property in March 2024. The objective of the ACM survey and the LBP inspection was to identify ACM and LBP that may require proper management, removal, and disposal prior to conducting demolition activities.

As part of a separate contract, the ACM was properly abated by an appropriately certified firm in early October 2025. The LBP will remain in place due to the Subject Property being demolished.

Additionally, the limestone portions of the building will be removed by a specialty contractor and are not part of this demolition bid.

2.0 SUBJECT PROPERTY DESCRIPTION AND HISTORY

The Subject Property currently has one structure. The building is considered to be constructed in two sections that are designated as office building and auditorium. All square footage calculations are approximate.

- The office building has a basement floor that is about 3 ½ feet below grade and two other floors fully above grade. Each floor has 3,295 SF of area, totaling 9,885 SF for three floors.
- The auditorium building is mostly one story on grade with 10,840 SF, which includes mezzanine storage rooms at each end of the stage, and locker rooms below the stage.
- The combined total building square footage is 20,725 SF.

The office building walls are built of brick and cut limestone and are about 30” thick. The auditorium walls are built of brick and are 16” thick; they have several pilasters built around the exterior as additional support. In 1936, the current commercial building was constructed on the central portion of the subject property.

3.0 BIDDING PROCESS

The following sections describe the bidding process. **Note that this is a prevailing wage project.**

BID SUBMITTAL DEADLINE

All bids are due to the JCEDP no later than **11:00 AM EST Thursday, November 13, 2025**. You may submit your completed bid package in the following manner:

Bids **shall** be delivered to the JCEDP office, located at 920 Veterans Drive, Suite A, Jackson, Ohio, 45640 and must be sealed by either tape or adhesive on the envelope.

Contractors shall submit the Bid Form found in Appendix A of this document, along with certificates of insurance, and a proposed schedule.

A public bid opening will take place at the JCEDP office, at **11:00 AM EST Thursday, November 13, 2025**.

PROJECT AWARD DATE

The anticipated project award date is scheduled for **Thursday, November 20, 2025**. An email message to all contractors submitting on this project shall be sent alerting them to project award.

The project will be awarded to the lowest responsive bid. However, all bids are subject to JCEDP Bid Award Discretion Policy #19-01 (Appendix B), which allows JCEDP to award the project to qualifying Jackson County headquartered contractors whose bid proposals are within ten percent (10%) of the lowest responsive bid. Furthermore, the City of Jackson (Subject Property owner) has the right to determine if they are confident in the bidder's ability to complete the project.

All contractors must disclose whether they are involved with any active or pending litigation that could impact the timely completion of the project. Failure to disclose pending or no pending litigation will be considered non-responsive. (See Appendix D)

4.0 SCOPE OF WORK

The contractor's responsibilities and scope of work for demolition are as follows:

1. Pre-Planning and Notifications;
2. Demolition of building;
3. Proper removal and off-property disposal of debris;
4. Site Completion

The following sections provide more detailed information about these items.

4.1 PRE-PLANNING & NOTIFICATIONS

The demolition contractor will be notified when limestone sections have been removed. A copy of the asbestos abatement and inspection report will be provided to the demolition contractor upon award, prior to planned demolition of the building.

JCEDP will oversee the demolition activities, record observations, and ensure health and safety practices are followed. If additional suspect Asbestos Containing Material (ACM) is discovered during demolition activities, work will stop, and the contractor will notify JCEDP. Upon authorization, an Ohio-licensed Asbestos Hazard Evaluation Specialist will sample the materials and submit for laboratory analysis. Upon receipt of results, JCEDP will either inform the demolition contractor they can proceed with demolition or coordinate with an ACM abatement contractor to have the identified materials properly removed and disposed.

The recycling and disposal facility receiving the demolition debris must be identified to ensure it can receive ACM and Lead Based Paint materials and to check for any restrictions or specific requirements they have for the waste.

4.1.1 Permits

The selected contractor will be responsible for acquiring appropriate permits from the city, county, and other agencies, as required.

4.1.2 Notifications

The demolition contractor shall submit a *Notification for Demolition and Renovation* form to the Ohio Environmental Protection Agency (Ohio EPA), Division of Air Pollution Control at least 10 working days prior to demolition start date of any regulated structure (public, commercial, and in some cases residential). JCEDP will provide a copy of the asbestos inspection and any abatement documentation for completion of the notification form.

4.2 DEMOLITION OF STRUCTURE

Demolition will be performed by an Ohio-registered demolition contractor (A registered Sub Contractor applies for this requirement). Demolition will proceed as follows:

- Demolition will proceed by use of excavators equipped with concrete breakers, grapples, and other modern hydraulic demolition tools and attachments.
- General building/structure demolition will not interfere with or encroach upon surrounding pedestrian and vehicular traffic during normal activities, when possible. Any closures of roads or sidewalks will be coordinated with the director of Public Safety and Service for the City of Jackson
- The contractor shall be responsible for maintaining the City-provided fencing around the project area, and will work within the confines of that fencing, whenever possible.
- The contractor shall be prepared for, and responsible for dust control during the entirety of the project.

Upon completion of demolition, all demolition debris will be handled as construction demolition debris by the demolition contractor and properly recycled, when possible.

4.3 SITE COMPLETION

Following demolition, the excavation will be backfilled with engineered fill, 304 limestone in 8” lifts. Backfill will be compacted, and prior to the next lift, geotechnical testing will be conducted to ensure it is compacted to 95% of maximum dry density per ASTM D1557 modified proctor method. The contractor shall be responsible for coordinating with JCEDP’s selected geotechnical subcontractor during the completion of the Subject Property. The backfill elevation is to peak at the center of the existing building footprint and slope a minimum of 1% to the perimeter of the footprint.

4.4 DISPOSAL OF DEBRIS

The demolition contractor will be responsible for determining and complying with applicable requirements for securing loads while in transit and ensuring that each truck has a solid tailgate made out of metal. The demolition contractor shall follow guidance provided in Ohio Administrative Code (OAC) 3745-400 for disposal and beneficial use of construction and demolition debris.

4.5 CITY REQUIRED BOND

The City of Jackson requires a bond of \$2,000,000 for all projects for all municipal work being conducted. The City of Jackson and the Jackson County Economic Development Partnership must be named as beneficiaries of the bond.

4.6 CITY CONTRACTOR REGISTRATION REQUIRED

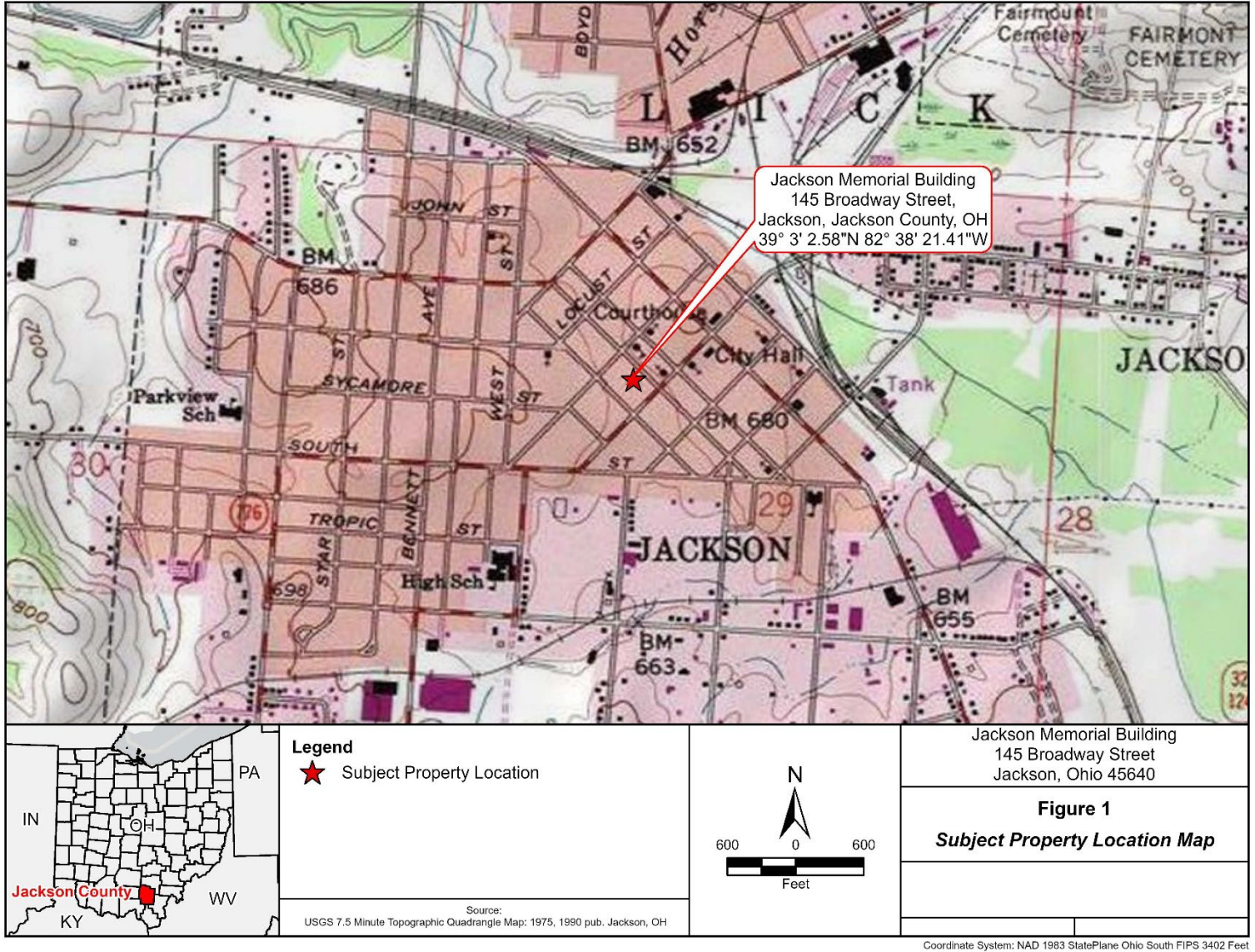
The City of Jackson requires all contractors working within the City limits to be registered with the City of Jackson. The Jackson County Economic Development Partnership shall not assume any of the civil or criminal penalties for failure to register with the City of Jackson.

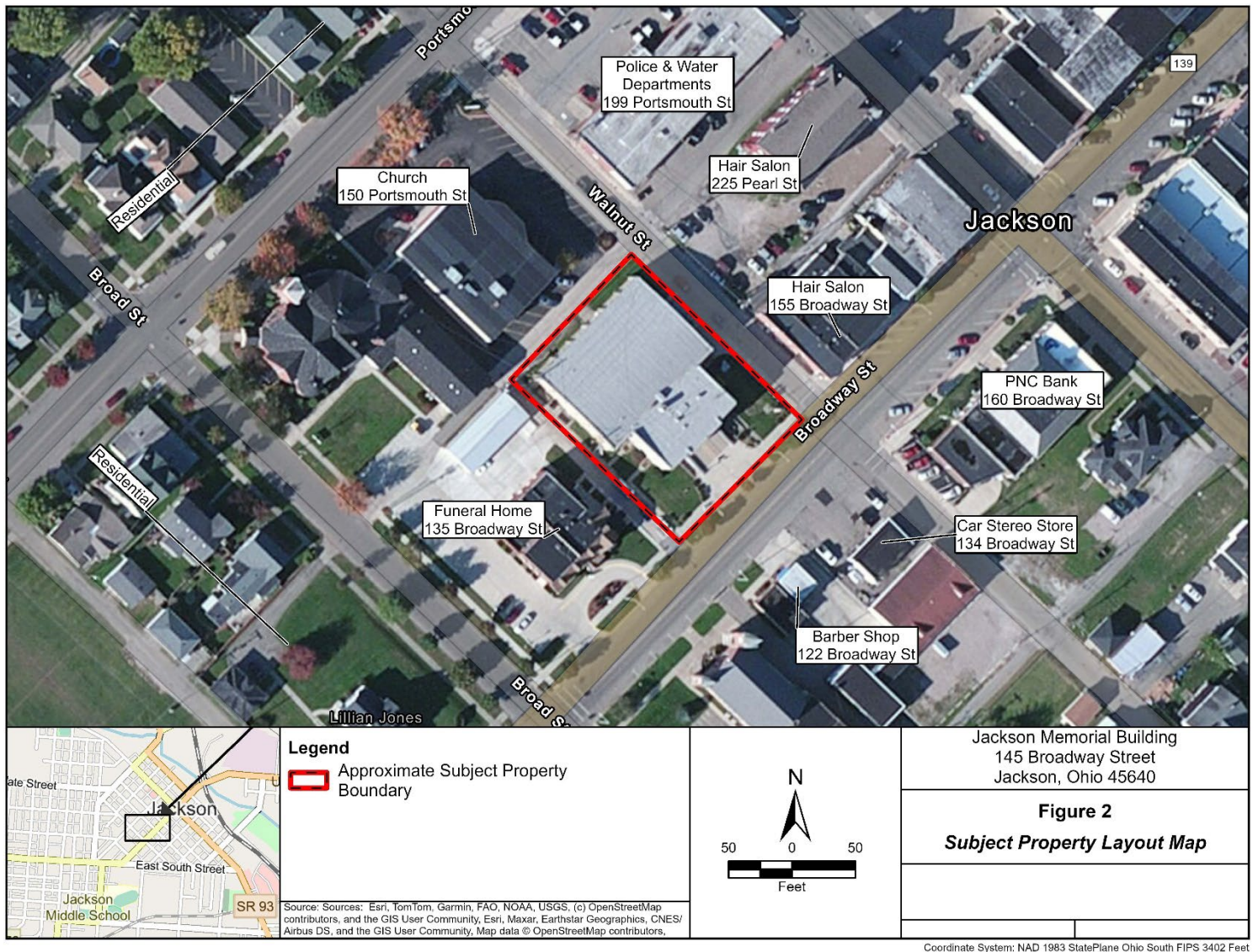
The form can be found at

<https://cms3.revize.com/revize/jacksonoh/Documents/Forms/Contractor%20Registration.pdf>

or by stopping at the City offices located at 200 Broadway, Jackson, Ohio 45640.

FIGURES





APPENDIX A

BID FORM

CONTRACTOR BID FORM

All bids must be submitted as firm, fixed-price proposals unless otherwise noted. Contractor bidders are required to complete and submit their bids using the format provided in **Table 1**, including only the line items they intend to bid on. Each bid should reflect an all-inclusive lump sum price that covers the complete removal and disposal of materials in accordance with the Demolition Plan – Jackson Memorial Building Scope of Work outlined in this solicitation.

Table 1 - Base Bid

Bid Options	Lump Sum Price Per Line Item
Base Bid Option - Building Demolition	

Prime Contractor (Responsible for all subcontractors and overall bid execution):

Submitted By:

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Company Name: _____

☐ **I certify that I have reviewed the Demolition Plan – Jackson Memorial Building Scope of Work and acknowledge this is a prevailing wage project.**

Subcontractor Information (if applicable):

Use additional pages if more than two subcontractors are being included.

Subcontractor 1:

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Company Name: _____

Subcontractor 2:

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Company Name: _____

Appendix B
Bid Award Discretion
Policy 19-01



Bid Award Discretion Policy No. 19-01

POLICY STATEMENT

At its discretion, the Jackson County Economic Development Partnership may award contracts to qualifying Jackson County contractors whose bid proposals are within ten percent (10%) of the lowest bid for advertised services.

Adopted on the 3rd day of May, 2019.

JACKSON COUNTY ECONOMIC DEVELOPMENT PARTNERSHIP


Joe L. Wyant, Chairman


Steve W. Pritchett, Vice-Chairman

Appendix C

Health & Safety Questionnaire

Health and Safety Requirements
For Various Services
In Support of High-Hazard Site Projects

The activities to be performed by the selected subcontractor will require providing various support services in support of a hazardous waste site activity, and there may be some potential for subcontractor personnel to encounter hazardous waste in the performance of their tasks. Therefore, the requirements of OSHA standard 29 CFR 1910.120 (entitled Hazardous Waste Operations and Emergency Response) are applicable to subcontractor services. The Subcontractor will also be required to recognize and comply with any other OSHA or other regulatory requirements applicable to their services.

The Contractor Health and Safety Questionnaire included as Appendix C **must** be completed and included with bid submittals. Bidders should note that **copies of their completed OSHA Injury and Illness annual summary Logs for the last 3 full calendar years must also be provided with submitted bids (i.e., OSHA Form 300 and Form 300A).** Any bids received that do not include both a completed Questionnaire and accompanying OSHA 300A/300 Logs will be considered nonresponsive. If your organization is exempt from maintaining OSHA injury and illness documentation, a different form of documentation (containing at least the same information as the 300A/300 Logs) may be used, but this information must **still** be submitted with the bid.

The Bidder Health and Safety Checklist included below should be used to ensure that bidders comply with all Health and Safety submission requirements. The information provided as Appendix C1 presents additional information and explanation for the bidder's use in preparing their bid submissions and may be required of the successful bidder.

Bidder Health and Safety Submission Checklist

Item	Include With EVERY Submittal	If Part of a Proposal, Submit With Proposal	Submit To JCEDP Project Manager After Notice of Award and Prior To Mobilization
Completed Contractor Health And Safety Questionnaire	X	X	
OSHA 300A/300 Logs For Previous 3 Calendar Years (redacted if necessary)	X	X	
Letter from insurance carrier insurance stating the current EMR	X	X	
Current, valid certificate of insurance (i.e. ACORD Certificate or similar proof of coverage)	X	X	
Employee Information for Site Access		X	X
Employee Training/Medical Surveillance Letter		X	X
Copies of applicable employee training certificates and medical surveillance clearances (for each participating employee)			X
Chemical Inventory and Material Safety Data Sheets			X

APPENDIX C1
CONTRACTOR HEALTH AND SAFETY QUESTIONNAIRE

Date: _____ Telephone Number: _____

Fax Number: _____

E Mail Address: _____

Name of Company: _____

Address: _____

Submitted By: _____ Title: _____

Type(s) of Primary Services Offered:

—

Your firm's primary North American Industry Classification System (NAICS) code or Standard Industry Classification (SIC) code number: _____ NAICS #: _____ SIC #: _____

1. Has your company performed work as a subcontractor to the Jackson County Economic Development Partnership, the Jackson County Land Reutilization Corporation (Land Bank) or the Jackson County Commissioners previously?

☐ Yes ☐ No

If yes, explain the nature of the work, project location, those entity's Point of Contact, and project dates (if your company has worked for JCEDP, the Land Bank or Commissioners on multiple contracts, include this information only for the most recent job):

2. List your company's Workers' Compensation Experience Modification Rate (EMR) for the last 3 full years below. Put the most recent year first (i.e. 2023 or current 2024). Please attach documentation from your insurance carrier stating the current EMR. If you have different rates for interstate and intrastate, complete both of the following sections:

INTRASTATE EMRs

Year 1: _____ EMR: _____ Carrier _____
Year 2: _____ EMR: _____ Carrier _____
Year 3: _____ EMR: _____ Carrier _____

INTERSTATE EMRs

Year 1: _____ EMR: _____ Carrier _____
Year 2: _____ EMR: _____ Carrier _____
Year 3: _____ EMR: _____ Carrier _____

3. If you do not have any EMR information to provide, please explain (or attach additional documentation as necessary): _____

4. How long have you been covered by your current provider of worker's compensation insurance? ____ years

5. Has there been a change in ownership in your company within the last 3 years?

☐ Yes ☐ No

6. Does your company employ more than 10 full time employees?

☐ Yes ☐ No

If yes, what is the average number of employees on your payroll for the last 3 years?

2024 _____ 2023 _____ 2022 _____

7. Using data from your OSHA 300 Logs for the last 3 full calendar years, complete the table below. Put the most recent data first. **A copy of each OSHA 300A/300 Log used to fill in the table MUST BE submitted with this questionnaire.** If your organization is exempt from maintaining OSHA 300A/300 Logs, a different form of documentation (containing at least the same information as a 300A/300 Log) may be used, but this information must still be submitted.

Forms can be downloaded from OSHA:

<http://www.osha.gov/recordkeeping/RKforms.html>

	2024	2023	2022
A. Number of Fatalities (Total from column G on OSHA 300 Log)			
B. Number of cases that involved lost workdays and/or days of restricted work activity (Totals from columns H and I on OSHA 300 Log)			
C. Total Recordable Cases (total number of entries in column A on the 300 Logs)			
D. Total Man-hours worked			
E. OSHA Total Cases Incidence Rate*			
F. OSHA Lost Workday Cases Incidence Rate*			

* Instructions on calculating the OSHA Incidence Rates for Question #7:

The equations below demonstrate how to do the calculations.

$$\frac{\text{Total Cases (item C)} \times 200,000}{\text{Total Man-hours Worked (item D)}} = \text{OSHA Total Cases Incidence Rate (item E)}$$

$$\frac{\text{Lost Workday Cases (item B)} \times 200,000}{\text{Total Man-hours Worked (item D)}} = \text{OSHA Lost Workday Cases Incidence Rate (item F)}$$

Note: Only man-hours actually worked by direct employees of your company and temporary workers contracted and under the direct supervision of your company are to be used in calculating your OSHA Incidence Rates. Do not include any non-work hours even if these hours were paid (vacation, holidays, sick-time, etc.).

8. Please place a check beside the classification below which most closely describes your company's primary type of business.

Classifications (Check one only)

Drilling Contractor	
Land Surveyor	
Waste Transporter	
Residential Building Contractor	
Non-residential Building Contractor	
Heavy Construction (except building)	
Highway/Street Contractor	
Heavy Construction (except highway)	
Plumbing, Heating, Air Conditioning Contractor	
Electrical Contractor	
Masonry/Stonework/Plastering Contractor	
Roofing/Siding/Sheet Metal Contractor	
Concrete Contractor	
Nondestructive Testing	
Miscellaneous Special Trades	
Other (please describe briefly)	

9. Attach copies of any citations your company has received in the last 3 years from any government regulatory agency, such as Federal or state OSHA or EPA. Please include information as to the disposition of the citation and any corrective actions taken by your company. If your company has not had any citations in the last 3 years, indicate so in the space provided.

☐ No citations received in the last 3 years.

10. Has your company experienced any occupational fatalities in the past 5

years?

☐ Yes ☐ No

If yes, provide an explanation below. List location, causes, and corrective actions (use additional sheets of paper as necessary)

11. Have your activities resulted in property damage claims in excess of \$1,000 within the last 3 years?

☐ Yes ☐ No

If yes, provide an explanation below (use additional sheets of paper as necessary)

12. Do you have a written occupational safety and health program? **(If yes, we may request a copy)**

☐ Yes ☐ No

13. If yes, who is responsible for administering the program?

14. Explain how health and safety requirements are implemented and enforced on your jobsites?

15. Indicate subject matter in which your employees have received training:

	Yes	No		Yes	No
Company safety policy/rules			Fire protection/hot work		
Confined space entry			Decontamination Procedures		
Heavy equipment operation			Hazard communication/Right- to-Know		
Health and safety plan requirements			Electrical safety/lockout-tagout		
Chemical and physical hazard recognition			Fall Protection		
Emergency response procedures			First Aid/CPR		
Injury reporting			Drum handling		
Personal protective equipment			Drilling hazards		
Non-injury accident reporting (near- miss)			Hearing conservation		
Respiratory protection			Trenching/excavation		

16. Have the employees whom you intend to use on this project been trained in accordance with the OSHA Hazardous Waste and Emergency Response (HAZWOPER) standard [29 CFR 1910.120(e)]?

☐ Yes ☐ No

17. What is the frequency of your HAZWOPER refresher training? _____

18. Can you provide documentation of such training?

☐ Yes ☐ No

19. How many hours of initial HAZWOPER safety and health orientation training are conducted? _____

20. How many hours of annual HAZWOPER safety and health orientation training are conducted? _____
21. Do you conduct field safety inspections of work in progress?
☐ Yes ☐ No
a) If yes, who conducts inspection? _____
b) How often? _____
22. Do you conduct routine equipment inspection/maintenance on your vehicles including drill rigs, excavators etc.?
☐ Yes ☐ No
23. Do you have a Medical Surveillance Program as required by 29 CFR 1910.120(f)?
☐ Yes ☐ No
24. Do you intend to use ANY subcontractors in order to complete the proposed project?
☐ Yes ☐ No

If yes, complete the following for EACH proposed lower-tier subcontractor. Include all subcontractors and be aware that they too will likely require Partnership approval (attach additional sheets as necessary)

Name of lower-tier subcontractor #1: _____

Lower-tier subcontractor's scope of work? _____

Name of lower-tier subcontractor #2: _____

Lower-tier subcontractor's scope of work? _____

Please have an officer of the company sign below certifying that the information provided in this document is current and correct.

Officer Name _____
(Printed)

Title _____

Signature _____

Date _____

**MISREPRESENTATION OF DATA REQUESTED IS GROUNDS FOR IMMEDIATE
TERMINATION OF CURRENT SUBCONTRACTS AND DISQUALIFICATION FROM
FUTURE CONSIDERATION.**

Appendix D
Litigation Notification

LITIGATION NOTIFICATION

All Bidders **shall** disclose any active or pending litigation that may hinder the timely completion of this project. Failure to acknowledge this requirement shall make this bid non-responsive.

Company is involved in Litigation?

☐ Yes ☐ No

If yes, please be prepared to explain in writing how you will be able to assure that this will not interfere with project completion during any pre-award interview.

Please have an officer of the company sign below certifying that the information provided in this document is current and correct.

Officer Name _____
(Printed)

Title _____

Signature _____

Date _____