

ITEM NO. \_\_\_\_\_

**CITY OF YOUNGSTOWN-LAND BANK PROGRAM**

STAFF APPROVED: \_\_\_\_\_

CITY LOT NO. \_\_\_\_\_

NAC APPROVED: \_\_\_\_\_

PERMANENT PARCEL NO. \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

**APPLICATION FORM**

(PLEASE PRINT)

DATE: \_\_\_\_\_

\_\_\_\_\_  
APPLICATION'S FULL NAME

HOME PHONE: \_\_\_\_\_

\_\_\_\_\_  
MAILING ADDRESS/ CITY/ STATE/ ZIP CODE

WORK PHONE: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S PERMANENT PARCEL NUMBER

PROPOSED USE FOR PROPERTY LOCATED AT: \_\_\_\_\_  
(BE BRIEF) \_\_\_\_\_

Please submit any information that will assist the City in making a decision. If construction is to occur, please attach information concerning the development timetable, who the contractor will be, and how the project will be financed.

I HAVE READ THE CITY'S LAND BANK POLICY AND AGREE TO THE TERMS THEROF.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY

REAL ESTATE TAXES FOR TAX YEAR: _____
YEAR CERTIFIED DELINQUENT: _____
AMOUNT DELINQUENT: _____
TAXES PER ½ : _____ PER YEAR: _____
TOTAL DUE: _____ DATE: _____

PLEASE RETURN THIS FORM TO:  
CITY PLANNING DEPARTMENT  
20 W. Federal Street, Suite 602  
YOUNGSTOWN, OHIO 44503  
PHONE: (330) 742-8842  
FAX: (330) 744-7522

ZONING: \_\_\_\_\_ WARD: \_\_\_\_\_