



STRUCTURE PURCHASE APPLICATION

This form is a statement of interest only. Receipt of application does not commit the Land Bank to transfer property.

Applicant Contact Information

First Name: _____ Middle I: ____ Last Name: _____

Business Name: _____

Address: _____

City, State, Zip: _____

Mailing Address (if Different): _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Requested Property Information

Street Address: _____

The below conditions disqualify a property owner from acquiring land through the City of Youngstown Land Bank.

Please check the following that apply to you below:

- You own real property in Mahoning County that violates any local codes or ordinances.
- You own any real property in Mahoning County that is tax delinquent.
- You were the owner of any real property in Mahoning County that was transferred as a result of tax foreclosure proceedings.

Please submit any information that will assist the City in making a decision for transfer of property by Deed-In Escrow:

Please attach property rehabilitation supporting documents, including: rehabilitation schedule; contractor(s) contract or do-it-yourself repairs; and how the project will be financed—lender, employment and/or personal bank/credit statement(s).



Intended use for the requested property

Occupy: _____ Sell: _____ Rent: _____ Land Contract: _____ Other (explain): _____

Project Cost Estimates

Provide cost/line estimates of the renovation cost. Use separate sheet if necessary.

About the Application

List the addresses and/or parcel numbers of all parcels of real estate in Mahoning County that the applicant and/or the business own. Attach additional pages if necessary:

I understand that the Land Bank staff will review and evaluate whether this request is in compliance with the Land Bank's policies & procedures, existing zoning, and neighborhood plans.

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

Please allow at least 15 days for your application to be processed. All property is sold AS IS.

PLEASE RETURN THIS FORM TO:
DEPARTMENT OF COMMUNITY PLANNING AND ECONOMIC DEVELOPMENT
20 W. FEDERAL STREET, SUITE 602
YOUNGSTOWN, OHIO 44503



CITY OF YOUNGSTOWN-LAND BANK VACANT LOT PROGRAM

ITEM NO. _____

CITY LOT NO. _____

PERMANENT PARCEL NO. _____

LOCATION ADDRESS _____

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Applicant Contact Information

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Requested Property Information

Street Address/Parcel No.: _____

All property is sold AS IS.

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 SIGNATURE

DATE

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