

City of Lorain Land Reutilization Program

Department of Building, Housing and Planning
 Attn: Land Reutilization Administrator
 200 W. Erie Avenue, 5th Floor
 Lorain, Ohio 44052

Please complete the application in its entirety. Incomplete applications will not be considered and will be returned. Only one (1) application per parcel and application should be submitted along with a certified check or money order in the amount of thirty-five dollars (\$35) for each parcel for administrative costs. Certified Checks and/or money orders are to be made payable to: **City of Lorain.**

(A) Parcel Number seeking to purchase _____ - _____ - _____ - _____

(B) APPLICANT AND CO-APPLICANT INFORMATION

Applicant's name _____ Date of Birth _____

Home phone _____ Cell phone _____

E-mail address _____

Applicant's address _____ Zip _____

Co-applicant's name _____ **Date of birth** _____

(If applicable)

Home phone _____ Cell phone _____

Yes No

Are you sixty (60) days delinquent on any City of Lorain utility bill or in arrears on payments to the City of Lorain?

Have you been found guilty of a Property Maintenance violation(s) in the current calendar year or previous years? If yes, year _____ Disposition _____

(C) Conflict of Interest

Yes No

Are you an employee of the City of Lorain, or the Department of Building, Housing & Planning?

Are you married to an employee of the City of Lorain?

Are you the brother, sister, parent or child of an employee of the City of Lorain, or the Department of Building, Housing & Planning? If the answer is "yes" to any of these questions, please explain:

(D) Proposed reuse of the parcel- Please provide a description of your proposed use of the parcel. Be sure to provide as many details as possible, include timeframe for the completion of project etc. Attach an additional sheet if necessary:

I certify that the information provided herein is true and complete. I authorize The City of Lorain Department of Building, Housing and Planning to review this application, and to request, receive, and share information with other City of Lorain departments, and others to verify its accuracy and completeness. I understand that providing false or misleading information will disqualify my application from consideration of the parcel listed in Section (A). By signing this application, you are agreeing to follow the Codified Ordinances of the City of Lorain relative to this property.

Applicant Signature

Date

Co-Applicant Signature

Date

(Required)

(Required)

(Required if Applicable)

INTEROFFICE USE ONLY

Yes No
 TREASURER
 COURTS
 UTILITIES

Received Date & Time _____

Check # _____

Yes No
 Code Violations
 Adjacent Property owner
 Delinquent Real Estate Taxes