

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
9 W. FRONT STREET, SUITE 315
CITY HALL ANNEX
YOUNGSTOWN, OHIO 44503
PHONE: (330) 742-8842
FAX: (330) 742-8997

ZONING: _____ WARD: _____