



JACKSON COUNTY
LAND REUTILIZATION CORPORATION

PROPERTY PURCHASE APPLICATION

APPLICANT INFORMATION

Applicant 1

Applicant 2

NAME: _____

ADDRESS: _____

PHONE: _____

Email: _____

TYPE OF ENTITY

Individual Person(s)

Not-for Profit

Limited Liability Company

Other _____

PUCHASER ELIGIBILITY

Please check either YES or No for each of the statements listed below. Please provide an explanation for any YES responses on a separate sheet.

- | | YES | NO |
|---------------------------------------------------------------------------------------|--------------------------|--------------------------|
| • Are you currently delinquent on real estate taxes or a mortgage? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever been the subject of a real estate tax or mortgage foreclosure? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any outstanding code violations? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your intended use of the property comply with local zoning and building codes? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you or a member of your family previously held title to this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you had any business interest in this property? | <input type="checkbox"/> | <input type="checkbox"/> |



JACKSON COUNTY
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PROPERTY REQUESTED

Property Address or Parcel ID #: _____

Minimum Bid Price Established by Land Bank Board: _____

Offer Price: _____

Have you verified with the municipality where the property is located that your intended use of the property is compliant with zoning and building ordinances?

YES NO

INTENDED USE OF THE PROPERTY

If a vacant lot:

Side yard Garden Parking Green Space

Construction of _____

Other _____

If an existing structure:

Rehab/owner occupied Rehab/rental Rehab/resell

Demolition Deconstruction

Other non-profit use _____

Other for-profit use _____

Mail, email or bring the completed application to: Gary Radabaugh, Jackson County Health Department, 200 E. Main Street, Jackson, Ohio 45640

gradabaugh@jchd.us 740-286-5094, extension 2829

