



REBECCA STEELE
LAND REUTILIZATION CHAIRPERSON

**CITY OF PORTSMOUTH
HEALTH DEPARTMENT**

605 WASHINGTON STREET
PORTSMOUTH, OH 45662

COMMITTEE MEMBERS

MAYOR JIM KALB
PEGGY BURTON, HEALTH COMMISSIONER
CHRIS SMITH, HEALTH DIRECTOR
CHRIS MURPHEY, PUBLIC SERVICE DIRECTOR
LARRY JUSTICE, PORTSMOUTH ENGINEERING DEPARTMENT
MICHAEL JONES, CITY SOLICITOR
TRENT WILLIAMS, PORTSMOUTH CITY AUDITOR
CHAD SAYRE, SCIOTO COUNTY ASSISTANT PROSECUTING ATTORNEY
DONALD ARMSTRONG, SUPERINTENDENT, PORTSMOUTH CITY SCHOOLS
STAN JENNINGS, SUPERINTENDENT, JOINT VOCATIONAL SCHOOL
BRENDA BENSON, MRDD

TELEPHONE: 740/353-5153
FAX : 740/3510694

APPLICATION STEPS FOR THE LAND REUTILIZATION PROGRAM

- 1. FILL OUT ALL SECTIONS OF THE ATTACHED APPLICATION COMPLETELY**
- 2. ATTACH ALL PAPERWORK THAT IS TO BE SUBMITTED WITH THE APPLICATION
(LIST OF ATTACHMENTS CAN BE FOUND ON PAGE 4 OF THE APPLICATION)**
- 3. SUBMIT ALL PAPERWORK, INCLUDING THE APPLICATION, AND THE NON-REFUNDABLE APPLICATION FEE (\$75 COMMERCIAL , \$50 RESIDENTIAL) FOR EACH PROPERTY YOU ARE APPLYING FOR TO THE PORTSMOUTH CITY HEALTH DEPARTMENT, ENVIRONMENTAL DIVISION, 605 WASHINGTON STREET, PORTSMOUTH, OHIO 45662**
- 4. WITHIN 30 DAYS, YOU WILL RECEIVE ONE OF THE FOLLOWING LETTERS IN THE MAIL:
A.) REQUEST FOR MORE INFORMATION
B.) APPOINTMENT FOR A MEETING WITH A LAND REUTILIZATION REPRESENTATIVE**
- 5. WITHIN 30 DAYS AFTER YOUR MEETING WITH A LAND REUTILIZATION REPRESENTATIVE, THE COMMITTEE WILL REVIEW ALL INFORMATION FOR EACH APPLICANT FOR THE PROPERTY AND A LETTER WILL BE SENT TO YOU WITH THE APPROVAL/DISAPPROVAL OF THE SALE. IF APPROVED, THE FINAL STEPS TO PROCURING THE PROPERTY WILL BE INSERTED WITH YOUR APPROVAL LETTER.**

APPLICATION FOR DEVELOPMENT OF LAND REUTILIZATION PROPERTY

PERSONAL INFORMATION: (PRINT OR TYPE)

APPLICANT 1: _____ SS# _____

APPLICANT 2: _____ SS# _____

COMPANY: _____

ADDRESS: _____

CITY AND STATE: _____

HOME PHONE: _____

BUSINESS PHONE: _____

CELL PHONE: _____

EMAIL: _____

FAX: _____

**LIST ALL PROPERTIES THAT APPLICANT 1 AND APPLICANT 2 OWN
(USE SEPARATE SHEET IF NEEDED)**

DO YOU (OR YOUR CONTRACTOR) HAVE A HISTORY OF TAX DELINQUENCY OR CODE VIOLATIONS?

YES (ATTACH EXPLANATION)

No

PROJECT: (PRINT OR TYPE)

PARCEL NUMBER FOR PROPERTY:

ADDRESS FOR PROPERTY:

TYPE OF PROJECT:

EXPANSION OF ADJACENT LOT PURPOSE: _____

RESIDENTIAL NEW CONSTRUCTION
SINGLE FAMILY

_____ HOMEOWNERSHIP _____ RENT MONTHLY PRICE: _____

MULTI-FAMILY

_____ # UNITS OWNER OCCUPIED? YES NO

COMMERCIAL NEW CONSTRUCTION

OWNER OCCUPIED? YES NO RENTAL? YES NO \$/SQ.FT.: _____

FOR NEW CONSTRUCTION:

SQUARE FOOTAGE: _____

ARCHITECTURAL TYPE: _____

USES: _____

REHABILITAION:

RESIDENTIAL WILL YOU OCCUPY OR RENT: _____
IF RENTING, MONTHLY PRICE: _____

COMMERCIAL WILL YOU OCCUPY OR RENT: _____

END USE: _____ \$/SQ. FT. _____

HOW MUCH ARE YOU INVESTING IN THIS PROJECT (EXCLUDING PURCHASE PRICE):

\$ _____

PROJECTED END VALUE OF THE PROPERTY: \$ _____

WHO WILL BE DOING THE WORK? SELF OTHER (COMPLETE BELOW)

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____

(NOTE: ALL APPLICABLE LICENSES WILL BE REQUIRED DURING REHABILITATION PROCESS)

FINANCES: (PRINT OR TYPE):

INFORMATION RELEASE:

IT IS OUR INTENT AND UNDERSTANDING THAT ALL PERSONAL FINANCIAL INFORMATION SUBMITTED IN RELATIONSHIP TO THIS APPLICATION TO THE CITY OF PORTSMOUTH, THE PORTSMOUTH CITY HEALTH DEPARTMENT, AND THE LAND REUTILIZATION PROGRAM COMMITTEE IS CONFIDENTIAL. THE INFORMATION IS INTENDED TO BE USED ONLY BY THE LAND REUTILIZATION PROGRAM. I HEREBY AUTHORIZE THE PORTSMOUTH CITY HEALTH DEPARTMENT/ LAND REUTILIZATION PROGRAM TO OBTAIN CREDIT REPORTS AND VERIFY INFORMATION SUPPLIED AS PART OF THIS APPLICATION. I ALSO UNDERSTAND THAT BY APPLYING DOES NOT GUARANTEE THAT MY APPLICATION WILL BE APPROVED FOR THE PURCHASING OF THE PROPERTY/PROPERTIES THAT HAVE BEEN APPLIED FOR. ALL INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT 1:

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

APPLICANT 2: (IF APPLICABLE)

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

BEFORE ME APPEARED THE ABOVE NAMED PERSON (PERSONS) WHO SIGNED THIS APPLICATION UNDER OATH OR BY AFFIRMATION ON THIS _____ DAY OF _____, IN THE YEAR _____.

SIGNATURE OF NOTARY PUBLIC

EXPIRATION OF COMMISSION