

***(Purchaser Qualification Form, if not previously submitted, must be attached)*****Application to Acquire Property**

Applicant Name: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Property Requested:**

Permanent Parcel Number: \_\_\_\_\_

(Separate applications are required for each permanent parcel number)

Property Owner(s) Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Street Address

City

Zip Code

**Property type:**

- |  |  |
|--|--|
| <input type="checkbox"/> Residential adjacent vacant lot | <input type="checkbox"/> Residential non-adjacent vacant lot |
| <input type="checkbox"/> Commercial vacant lot           | <input type="checkbox"/> Industrial vacant lot               |
| <input type="checkbox"/> Residential vacant structure    | <input type="checkbox"/> Commercial vacant structure         |
| <input type="checkbox"/> Other: _____                    |  |
- 

**Intended Use of Property:**

If a vacant lot:

- |  |                                       |                                  |                                      |
|--|---------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Side yard             | <input type="checkbox"/> Garden       | <input type="checkbox"/> Parking | <input type="checkbox"/> Green Space |
| <input type="checkbox"/> Construction of _____ | <input type="checkbox"/> Other: _____ |                                  |                                      |

If an existing structure:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Rehab/owner occupied        | <input type="checkbox"/> Rehab/rental   | <input type="checkbox"/> Rehab/resell |
| <input type="checkbox"/> Demolition                  | <input type="checkbox"/> Deconstruction |                                       |
| <input type="checkbox"/> Other non-profit use: _____ |   |                                       |
| <input type="checkbox"/> Other for-profit use: _____ |   |                                       |

Does the intended use of this property comply with local zoning codes?  Yes  NoAre you aware of any environmental issues related to this property?  Yes  No

If yes, please describe: \_\_\_\_\_

Have you or a member of your immediate family previously held title to this property?  Yes  No

Have you had any business interest in this property?  Yes  No

By submitting this application, I am stating my interest in acquiring this property for the use indicated above. I acknowledge that the Sandusky County Land Bank is under no obligation to acquire and/or transfer this property to me.

I affirm that all information provided in this application is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

*Transfers of property by the Sandusky County Land Bank are governed by policies adopted by the Sandusky County Land Reutilization Corporation's Board of Directors, copies of which are available upon request. The Board of Directors has final authority regarding the disposition of any property under its control.*

*Applications to acquire property through the Sandusky County Land Bank will be reviewed and the applicant will be notified of its status within 30 days. Applicants should be aware that that under certain circumstances, including but not limited to tax foreclosure cases, the time frame for the Land Bank's acquisition and subsequent transfer of a property may take up to 12 months.*

**Remit application to:**

Sandusky County Land Bank  
Attn: Land Bank Coordinator  
2511 Countryside Drive Suite C  
Fremont, OH 43420

Or email: [landbank@co.sandusky.oh.us](mailto:landbank@co.sandusky.oh.us)

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**Land Bank use only**

Purchaser qualification:  Approved  Disapproved (see Purchaser Qualification form)

Property Status:  Owned by Land Bank  Pending Land Bank Acquisition

Eligible for Land Bank Acquisition

Forfeited land  Foreclosure

Bank REO  Deed in lieu  Donation

Not Eligible for Acquisition: \_\_\_\_\_

Not Eligible for Transfer: \_\_\_\_\_