



PROPERTY REQUEST

Rev. 7/2007

Department of Development
One Government Center, Suite 2250
Toledo, OH 43604
(419) 245-1431
Fax (419) 245-1462

APPLICATION

Date Submitted: _____

Address / Location of Property: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____ Other: _____

E-mail address: _____

Property Zoned: (check one) _____ Parks Open Space _____ Residential _____ Commercial

Intended Use of Land: (check one) _____ Lot Expansion _____ New Construction

_____ Gardening _____ Lease _____ License to Maintain

Provide Detailed Explanation of Intended Use of Land Requested (continue on back if necessary): _____

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APPLICANT(S) CERTIFICATION & ACKNOWLEDGEMENT:

I, _____, CERTIFY THAT ALL INFORMATION IN THIS APPLICATION, AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS APPLICATION, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE CITY OF TOLEDO TO RECEIVE, REVIEW, EXAMINE, AND VERIFY ALL INFORMATION CONTAINED IN THE APPLICATION. I UNDERSTAND AND ACKNOWLEDGE THAT THIS APPLICATION IS NOT AN AGREEMENT TO PURCHASE, AND THAT I WILL BE NOTIFIED UPON THE CITY OF TOLEDO'S REVIEW AND DECISION.

APPLICANTS PRINTED NAME: _____ DATE: _____

APPLICANTS SIGNATURE: _____

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FOR OFFICIAL USE ONLY

DATE RECEIVED: _____ DATE REVIEWED: _____

COMMENTS: _____

_____ Applicant Tax Status _____ Nuisance Abatement Issues _____ File _____ Lot Split _____ Non Split

_____ Legislation Required _____ Meets Requirements of Ord. 617-05 (requires Lot Combine)

Recommendation: _____ Sale _____ Lease _____ License to Maintain _____ Garden Partner/Adopt-a- Park