



CHRISTOPHER S. SMITH, RS, MA
HEALTH COMMISSIONER

DAVID K. BYERS, MD
MEDICAL DIRECTOR

**CITY OF PORTSMOUTH
HEALTH DEPARTMENT**

605 WASHINGTON STREET
PORTSMOUTH, OH 45662

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LAND REUTILIZATION PROGRAM PROPERTY PURCHASER APPLICATION

For consideration to purchase a property owned by The City of Portsmouth, complete this application and return to the Portsmouth Health Department office or email to andrew.gedeon@portsmouthoh.org. Applications will not be processed if not completed in its entirety.

CONTACT INFORMATION

Name of applicant: _____

Mailing address: _____

Contact Number: _____ E-mail address: _____

Name of corporation/business (if applicable): _____

PROPERTY INFORMATION (Which LRP property you wish to purchase)

Property address: _____

PLANNED USE OF PROPERTY

Occupy___ Sell___ Rent___ Land Contract to a buyer___ Other (please explain)_____

Provide a brief explanation of your plans for the property, and how it will benefit your neighborhood:

IMPORTANT: Understand that by purchasing the property you are agreeing to tear down, renovate and/or maintain the property according to City of Portsmouth Ordinances. All property is sold AS IS. This form is a statement of interest only, meaning there is no guarantee the City of Portsmouth will transfer selected property. Multiple applications will be judge by the LRP Director, LRP Committee, and the Neighborhood Committee to determine which land use would be best for the City. If multiple applicants are deemed equal, the sealed bid process will take place.

Signature of Applicant _____
Date