

CITY OF DUQUESNE
VACANT PROPERTY REVIEW COMMITTEE PROGRAM

APPLICATION

DATE OF APPLICATION _____

NAME OF PROSPECTIVE PURCHASER _____

ADDRESS _____

DO YOU OWN THIS PROPERTY? YES NO

USE OF PROPERTY:

SINGLE FAMILY RESIDENTIAL _____

MULTI FAMILY RESIDENTIAL _____

BUSINESS _____

WHAT IS YOUR LOT & BLOCK NO. _____

ARE YOUR REAL ESTATE TAXES & FEES PAID ON THIS PROPERTY? _____

PHONE NO: DAY _____ EVENING _____

ADDRESS OR LOCATION OF PROPERTY INTERESTED IN _____

ARE YOU AN ADJACENT PROPERTY OWNER? _____

IS THERE A STRUCTURE ON THIS PARCEL? _____

IS THIS A VACANT LOT? _____

WHAT IS YOUR INTENDED USE FOR THIS PROPERTY? _____

SIGNATURE _____

DATE: _____

DO NOT WRITE BELOW THIS LINE

DATE APPLICATION RECEIVED _____

OWNER OF DELINQUENT PROPERTY _____

LOT & BLOCK _____ WARD _____