



Application for Rapid Foreclosure

Parcel Number: _____ Date: _____

Applicant Name: _____ *Use name you would like on Deed

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

Email Address: _____

Property Information- Contact the Zoning Department before submitting application to determine if your plans for the property are permitted in the zoning district. 937-237-5815

Address of Property: _____

Type of Property: Vacant Lot Lot with Structure

Reason for Acquiring Property:

Yard Extension New Home Construction Parking

Garage Rehab of Existing Structure

Other:

Rehabilitation of Existing Structure/ New Construction Information:

Does this project comply with current Zoning? Yes No

Type of Ownership: Individual Corporation Nonprofit

Parcels currently owned in Huber Heights:

Address: _____

Address: _____

**Please attach list if more than two.*

\$500.00 DEPOSIT REQUIRED WITH APPLICATION

Please initial each statement below:

- ___ I attest that the information in this application is accurate
- ___ I attest that property I own in the City of Huber Heights is current on Property Taxes.
- ___ I attest that I have the authority to apply on behalf of the applicant organization.
- ___ I understand that the City of Huber Heights reserves the right to reject any proposal without cause.
- ___ I understand that the tax foreclosure process may take 12 to 24 months or longer.
- ___ I understand the \$500.00 deposit is not refundable if I change my mind.
- ___ I understand the \$500.00 is a deposit only, and the final cost may be \$2,000.00 or more.
- ___ I understand I am responsible for obtaining all necessary permits for rehabilitation, construction or demolition of the property.
- ___ I understand the Zoning Code violations on the property will be my responsibility to abate once I take ownership.
- ___ I understand the final cost is not payable in installments.
- ___ I understand it is my responsibility to verify that my plans for the parcel are acceptable with the Zoning Department.
- ___ I have attached a copy of my current State ID or Driver's License.

Applicant's Signature: _____ Date: _____

Print: _____

Make check payable to:

City of Huber Heights

Return to:

City of Huber Heights
6131 Taylorsville Road
Huber Heights, OH 45424
Attn. Zoning Department

Contact us at 937-233-1423