

APPLICATION FOR BLIGHT CLEARANCE ASSISTANCE

NOTE: Complete one application for each address PLEASE PRINT & COMPLETE IN FULL

Property Address: _____

Property Owner's Name: _____

Applicant's Name: _____

Applicant is: Property Owner _____ Contractor _____ Renter: _____

Phone: _____ Email Address _____

PLEASE DESCRIBE

ANY DANGEROUS OR HAZARDOUS CONDITIONS? _____

WHAT ASSISTANCE DO YOU NEED?

ESTIMATED COSTS AND FEES ASSOCIATED WITH BLIGHT CLEARANCE _____

*PLEASE ATTACHED PHOTOS WITH THIS APPLICATION

I certify that the information above is true to the best of my knowledge and understand that providing false information may deem me, my company AND the owner of the property liable to any damages they may occur.

Applicant Signature: _____ Date: _____

PLEASE RETURN THIS FOR TO ADA CITY HALL: 15 4th Ave E, Ada MN 56510

DO NOT WRITE IN THIS SECTION - ADA STAFF ONLY

Blight assistance Date issued: Accept: _____ Denial: _____

REVIEWED BY: _____

AUTHORIZED SIGNATURE _____ DATE _____