CITY OF JACKSON
Application for Surplus/Landbank Property

Applicant Information:
Please print legibly.

Applicant's Name: ____________________________

Contact Name
(if different from applicant): ____________________________

Email Address: ____________________________

Home or Work Number: ____________________________
Cell Number: ____________________________

Mailing Address: ____________________________

City ____________________________ State ____________________________ Zip ____________________________

Proposed Property to Purchase:
Note: You must complete a separate application for each parcel.

Parcel Number: ____________________________

Physical Address: ____________________________

Nearest Intersection: ____________________________

1. What type of property is this? Check ONE of the options below.
   ( ) Vacant lot ( ) Structure ( ) Undeveloped land or water ( ) Other (explain)

2. What is your proposed use for this property? Check ONE of the options below.
   ( ) Yard extension ( ) Parking ( ) Home addition ( ) New home construction
   ( ) *Commercial construction ( ) Rehab of existing structure ( ) *Housing development ( ) Other (explain)

3. How is this property zoned? ____________________________ (for zoning information call 601/960-2037)
   3a. Does this project comply with current zoning? ( ) Yes ( ) No

4. How do you plan to use this property?
   ( ) Home ( ) Business ( ) Rental ( ) Other (explain)

5. What type of ownership will this be?
   ( ) Individual ( ) Corporation ( ) **Not-for-profit ( ) Other (explain)

6. Proposed project
START date: ____________________________ COMPLETION date: ____________________________

*May require development plans that include financial data, site plans, conceptual drawings and/or sketches relative to the proposed construction/improvement(s).

** Provide legal documentation of not-for-profit status.
CITY OF JACKSON, MISSISSIPPI
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7. Briefly explain your overall plan for this property.


Applicant's Signature: ___________________________ Date: ___________________________

Printed Name: ___________________________

Incomplete applications will NOT be considered.

Return completed application to:

City of Jackson
Department of Planning and Development
Real Estate Division
P.O. Box 17
Jackson, MS 39205

or hand deliver to: 200 South President Street, Ste. 204.
Applications may also be faxed or emailed.

The space below is reserved for OFFICE USE ONLY.

City of Jackson
Department of Planning and Development
Real Estate Division
601/960-2266 Office
601/960-2192 Fax