**Jerusalem Township**

**Neighborhood Checklist for Blighted Properties**

Jerusalem Township is compiling a list of blighted properties. We request your help as neighbors to be our eyes and ears to identify these properties so we can get them cleaned up.

**WHAT WE ARE LOOKING FOR**

1. Uses

2. Structures

3. Activities

Causes of blight or blighting factors which, if allowed to exist, will tend to result in blighted and undesirable neighborhoods.

**EXAMPLES OF BLIGHT**

Failure to care for exterior of property:

Garbage on ground

Abandoned vehicles, # of vehicles (Inoperable, 3yrs or older, or extensively damaged)

Rotted or collapsing roof or walls

Graffiti on the building

Rats/Vermin

Fire hazards

Excessive plant growth:

Overgrown grass/weeds

Substantial dead organic matter on ground (trees, leaves, yard trimmings)

Failure to secure property from trespassers/squatters:

Broken windows

Doors with no/broken locks

Missing doors

Broken gates

Failure to take action to prevent mosquito larvae:

Large amounts of standing water

Other conditions causing public nuisance:

Health and safety hazards

Continual loitering

Drug activity on property

Prostitution

Squatters living there

**WHAT TO DO WHEN YOU IDENTIFY A BLIGHTED PROPERTY**

When you find a property that meets these conditions, please send us the following information:

1. The specific property address

2. A description of the problems

3. Pictures of the problems

You can contact us by email at [zoning@twp.jerusalem.oh.us](mailto:zoning@twp.jerusalem.oh.us) or call us at 419.836.4510

***Jerusalem Township***

***Blight Form***

**Complete form to the best of your ability.**

**Date:**

**Site Location: Parcel #:**

**Between and**

**Occupant Name: Phone:**

**Owner Name: Phone:**

**Owner Address:**

**Description of blight: be specific, inoperable vehicle make & model, see examples given**

**If possible send pictures to** [zoning@twp.jerusalem.oh.us](mailto:zoning@twp.jerusalem.oh.us)

**Priority: (circle) High Moderate Low**

**Concern: (circle) Life/Safety Health Excessive blight Blight Permits Vermin**

**Economical; refer for support, volunteers and/or agencies**

**Your Signature:**

**Your Name:**

**Your Address: Phone:**

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**Office Only**

**DATE RECEIVED: BY:**

**INSPECTION DATE: BY:**

**Priority: (circle) High Moderate Low**

**Concern: (circle) Life/Safety Health Excessive blight Blight Permits Vermin**

**Economical; refer for support, volunteers and/or agencies**