



FAÇADE IMPROVEMENTS PROGRAM
Documentation of Spot Blight
(Form for sites outside of a designated slum and blight area)

Community Development Block Grant Program -- Census Tract: City of Ellsworth 965500

Owner: _____ Date: _____

Address of site: _____

Tax Map _____, Lot _____ Age of Building: _____

Description of building/site: _____

_____ Attach a photo.

Description of specific conditions of blight or physical decay of site: _____

Why is this site detrimental to public health and safety? _____

Certification:

I hereby certify that to the best of my knowledge and experience the site indicated above is blighted in nature, and furthermore is a threat to public health and safety.

Authorized Signature

Date

Printed Name & Title