

DOCUMENTATION OF SPOT BLIGHT

MAINE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

(For sites outside of a designated slum and blight area only. You must attach a photo of the site.)

Community: _____

Date: _____

Name or description of building/site: _____

Address of site: _____

Census Tract: _____

Age of Building: _____

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

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

Certification

(Must be signed by Code Enforcement Officer, Building Inspector, etc.)

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