The City of Grove City, Ohio

4035 Broadway · Grove City, Ohio 43123
(614) 277-3000

APPLICATION

CITY OF GROVE CITY COMMUNITY REINVESTMENT AREA EXEMPTION PROGRAM

1. _____
   Name of Property Owner

2. _____
   Address and Tax Parcel Number of Subject Property

3. Exemption sought for: (check one) _____ New Structure _____ Remodeling

4. Construction cost: _____ Date of completion: _____

5. Does this project involve a structure of historical or architectural significance? Yes_____No_____

   If yes, attach written certification of such by the designating agency or authorized agent.

6. Number of jobs created due to this exemption: _____

_____ _____
Date Signature of Property Owner

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1. Tax Parcel Number: _____ Community Reinvestment Area: _____

2. Effective data of appropriate City resolution: _____

3. Verification of construction cost: New Structure: _____ Remodeling: _____

4. Project meets requirements for an exemption under ORC 3735.67: Yes_____ No_____

5. Project involves structure of historical or architectural significance: Yes_____ No_____

6. Period of exemption for this improvement: _____

I certify that the project described herein meets the necessary requirements for the Community Reinvestment Area Program.

_____ _____
Date Housing Officer