

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 date 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

Department of Development · (614) 277-3000

Web Address: <http://www.grovecityohio.gov>