



CITY OF GROVE CITY
 4035 Broadway
 Grove City, Ohio 43123
 (614) 277-3000
 Fax (614) 277-3011
 www.ci.grove-city.oh.us

**LOT SPLIT
 APPLICATION
 FEE \$50.00**

Date Submitted 8/7/15

PROJECT INFORMATION		
PROJECT NAME <u>Broadway and Park lot Split</u>		
PROPERTY LOCATION <u>Corner of Broadway and Grove City Road</u>		
PARCEL TAX ID # <u>040-000045</u>		
EXISTING ZONING <u>CBD, Central Business District</u>		
PROPERTY OWNER (S) <u>The City of Grove City</u>		
MAILING ADDRESS <u>4035 Broadway, Grove City, OH 43123</u>		
DAYTIME TELEPHONE <u>(614) 277-3000</u>	FAX NUMBER <u>(614) 277-3011</u>	E-MAIL

APPLICANT/AGENT		
NAME OF APPLICANT <u>John Dodgion, EMH+T</u>		
MAILING ADDRESS <u>5500 New Albany Road, Columbus, OH 43054</u>		
DAYTIME TELEPHONE <u>(614) 775-4105</u>	FAX NUMBER ()	E-MAIL <u>jdodgion@emht.com</u>
DESIGNATED CONTACT PERSON <u>John Dodgion</u>		DAYTIME TELEPHONE <u>(614) 775-4105</u>

I, John C. Dodgion, the applicant or the applicant's duly authorized agent, have read and understand the contents of this submittal. The information contained, including attached exhibits, is complete and true/correct, to the best of my knowledge. This request conforms to the requirements of Section 1135.08.

Site visits to the property may be necessary by City representatives. The Owner/Applicant hereby authorizes representatives to visit and/or photograph the property described in this application.

Signature of Applicant *John C. Dodgion* Date 08/12/2015
 Signature of Owner *[Signature]* Date 08/07/15

FOR OFFICE USE ONLY		
DATE RECEIVED <u>8/10/15</u>	PAYMENT RECEIVED/AMOUNT	CHECK NUMBER
RECEIVED BY <u>MH</u>	DATE SCHEDULED FOR PLANNING COMMISSION <u>September 8th, 2015</u>	
PROJECT ID # <u>2015 08100057</u>	PLANNING COMMISSION ACTION <u>APPROVED</u> DISAPPROVED	