



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

RECEIVED
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GC PLANNING COMMISSION

**LOT SPLIT
 APPLICATION
 FEE \$50.00**

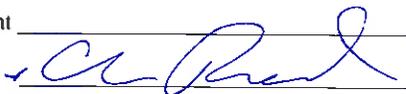
Date Submitted _____

PROJECT INFORMATION		
PROJECT NAME	3448 Park Street Lot Split	
PROPERTY LOCATION	3448 Park St., Grove City, OH 43123	
PARCEL TAX ID #	040-000109	
EXISTING ZONING	CBD	
PROPERTY OWNER (S)	ROACH BERKLEY J TR	
MAILING ADDRESS	3980 Broadway, Grove City, OH 43123	
DAYTIME TELEPHONE (614) 875-3880	FAX NUMBER ()	E-MAIL grovecityroach@aol.com

APPLICANT/AGENT		
NAME OF APPLICANT	City of Grove City	
MAILING ADDRESS	4035 Broadway, Grove City, OH 43123	
DAYTIME TELEPHONE ()	FAX NUMBER ()	E-MAIL info@grovecityohio.gov
DESIGNATED CONTACT PERSON	DAYTIME TELEPHONE (614) 277-3000	

I, _____, 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 _____ Date _____
 Signature of Owner  Date 11-10-15

FOR OFFICE USE		
DATE RECEIVED <u>11/16/15</u>	PAYMENT RECEIVED/AMOUNT	CHECK NUMBER
RECEIVED BY <u>mch</u>	DATE SCHEDULED FOR PLANNING COMMISSION <u>12/8/15</u>	
PROJECT ID # <u>201511160083</u>	PLANNING COMMISSION ACTION APPROVED _____ DISAPPROVED _____	