



PROJECT ID# _____

Grove City Planning Commission METHOD OF REZONING APPLICATION

IAN 25 2016

Please provide the requested information and submit to:

DEVELOPMENT DEPARTMENT
4035 BROADWAY
GROVE CITY, OHIO 43123
614-277-3004

CC PLANNING COMMISSION

grovecityohio.gov/development

TYPE OF REQUEST

- Standard Rezoning PUD Rezoning Zoning Upon Annexation Use Approval

PROJECT / PROPERTY INFORMATION

PROJECT NAME: 4164 BROADWAY RE-ZONING

PROJECT LOCATION: 4164 BROADWAY, GROVE CITY, OH 43123
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 040-000239-00 ACREAGE AFFECTED BY THIS APPLICATION: 0.18

EXISTING ZONING: COMMERCIAL EXISTING LAND USE: RENTAL PROPERTY

PROPOSED ZONING: RESIDENTIAL PROPOSED LAND USE: RESIDENTIAL

PROPERTY OWNER INFORMATION

Note: Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office.

NEAL C. and ELIZABETH A. LAURON 6644 RIDPATH RD GROVE CITY, OH 43123

Name Address City, State, Zip

614-588-2088 614-871-0143 Kittyvet@columbus.rr.com

Phone Fax Email

APPLICANT INFORMATION

Note: The applicant is the person(s) or entity seeking approval of this application.

ELIZABETH A. LAURON

Name Title Company / Organization

6644 RIDPATH RD. GROVE CITY OH, 43123

Address City State, Zip

614-588-2088 614-871-0143 Kittyvet@columbus.rr.com

Phone Fax Email

AUTHORIZED REPRESENTATIVE

Note: The authorized representative is the person(s) or entity representing the applicant. As the authorized representative you have the proper authority to speak, represent and make commitments on behalf of the applicant. The City does not take any responsibility for the lack of communication between the authorized representative, applicant and related parties.

SELF

Name Title Company / Organization

Address City State, Zip

Phone Fax Email

Relationship to the Applicant (e.g. legal counsel, engineer, architect, land planner, contractor, etc.)

SUBMITTAL REQUIREMENTS

Instructions: All blanks/boxes must be completed or checked in order for the application submittal to be considered complete. The submittal shall include the required number of copies (properly folded and collated) and contain all required supplementary documentation. Submitted materials shall be accurate, measurable and shall address all required checklist items contained within the attached supplemental requirements.

Application Fee:	Fee Calculation	Submittal Item	(check box)
\$	100.00	Completed Application (signed and notarized):	<input checked="" type="checkbox"/>
		Submittal Fee:	<input checked="" type="checkbox"/>
		Ten (10) Copies of Plans (folded and collated):	<input checked="" type="checkbox"/>

PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)

I ELIZABETH A. LAURON, the current property owner hereby authorize the applicant ELIZABETH A. LAURON (Self) to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize City representatives to visit and/or photograph the property described in this application.

Signature of Current Property Owner: Elizabeth A Lauron Date: 1/19/16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 19th day of January, 2016
Charlene R McFarland
Official Seal and Signature of Notary Public



CHARLENE R MCFARLAND
Notary Public
In and for the State of Ohio
My Commission Expires
October 31, 2020

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I ELIZABETH A. LAURON, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: Elizabeth A Lauron Date: 1/19/16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 19th day of January, 2016
Charlene R McFarland
Official Seal and Signature of Notary Public



CHARLENE R MCFARLAND
Notary Public
In and for the State of Ohio
My Commission Expires
October 31, 2020

FOR OFFICE USE ONLY		
DATE RECEIVED: <u>1/25/16</u>	RECEIVED BY: <u>mh</u>	PAYMENT AMOUNT: <u>\$100.00</u>
TENTATIVE PC MEETING DATE: <u>3/8/16</u>	PC RECOMMENDATION:	CHECK NUMBER:
PROJECT ID NUMBER: <u>201601250005</u>		