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

RECEIVED
SEP 09 2016
GC PLANNING COMMISSION

CERTIFICATE OF APPROPRIATENESS
APPLICATION
FEE $50.00

Date Submitted _____

PROJECT INFORMATION

BUSINESS NAME Cultivate	BUSINESS ADDRESS 3989 Broadway
PARCEL TAX ID# 040-000170	CURRENT ZONING HPA
PROPERTY OWNER(S) Matt Yerkes	DAYTIME TELEPHONE # 614-544-0046
MAILING ADDRESS 3989 Broadway Grove City OH 43123	
NAME OF APPLICANT (IF DIFFERENT FROM OWNER)	DAYTIME TELEPHONE #
MAILING ADDRESS	

TYPE OF REQUEST

EXTERIOR BUILDING ALTERATIONS OR MODIFICATIONS APPEAL _____	HPA CERTIFICATE OF APPROPRIATENESS _____	HPA SIGN APPROVAL _____	HPA PORTABLE SIGN APPROVAL _____
(SEE PAGE 2 OF 5)	(SEE PAGE 3 OF 5)	(SEE PAGE 4 OF 5)	(SEE PAGE 5 OF 5)

I, Matt Yerkes, 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. 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 [signature] Date 9/6/16

Signature of Owner [signature] Date 9/6/16

FOR OFFICE USE ONLY

DATE RECEIVED 9/9/16	PAYMENT RECEIVED/AMOUNT $50.00	CHECK NUMBER 1024
RECEIVED BY mh	PROJECT ID# 201609090063	
DATE SCHEDULED FOR PLANNING COMMISSION 10/4/16	PLANNING COMMISSION ACTION APPROVED _____ DISAPPROVED _____	