



# 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 (not applicable for residential property owners): \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

**Commencement Tax Year** \_\_\_\_\_

### FOR OFFICIAL USE ONLY

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