



CITY OF GROVE CITY

Community Reinvestment Area Tax Exemption Application

Please provide the requested information and submit to:

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

development.grovecityohio.gov

PROPERTY OWNER INFORMATION (as reflected on the Franklin County Auditor website)

Owner: _____ Phone: _____
Address: _____ Email Address: _____
City: _____ State: _____ ZIP: _____

PROJECT INFORMATION

Project Address: _____ Parcel #: _____

Has an exemption for this address been previously filed? No Yes *If yes, when?* _____

Type of project: Residential Commercial/Office Industrial Other

Does project involve a structure of historical significance? No Yes *If yes, please attach written certification of such by the designating agency or authorized agent.*

Number of jobs created or retained (not applicable for residential property): _____

Is construction complete? Yes: Date Completed _____ No: Anticipated Completion Date _____

Type of exemption sought (check one): New Construction Remodel Cost \$ _____

Brief description of work completed for this project: _____

I, the undersigned, do hereby affirm that I am the property owner or duly authorized agent, and the above information is accurate to the best of my knowledge.

Print Name

Signature

Date

FOR OFFICE USE ONLY

TAX PARCEL NUMBER:	COMMUNITY REINVESTMENT AREA:	COMMENCEMENT YEAR:
EFFECTIVE DATE OF ORIGINAL CRA LEGISLATION:	EFFECTIVE DATE OF AMENDED CRA LEGISLATION:	VERIFICATION OF CONSTRUCTION/REMODEL COST: \$

PROJECT MEETS REQUIREMENTS FOR AN EXEMPTION UNDER ORC 3735.67: YES NO

EXEMPTION DETAILS: TERM: _____ YEARS PERCENTAGE _____ %

I certify that the project described herein meets the necessary requirements for the Community Reinvestment Area.

Signature

Date