



Grove City Planning Commission

LOT SPLIT APPLICATION

Please provide the requested information and submit to:

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

grovecityohio.gov/development

PROJECT / PROPERTY INFORMATION

PROJECT NAME: _____

PROJECT LOCATION: _____
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: _____ ACREAGE AFFECTED BY THIS APPLICATION: _____

EXISTING ZONING: _____ EXISTING LAND USE: _____

PROPOSED ZONING: _____ PROPOSED LAND USE: _____

PROPERTY OWNER INFORMATION

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

Name _____ Address _____ City, State, Zip _____

Phone _____ Fax _____ Email _____

APPLICANT INFORMATION

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

Name _____ Title _____ Company / Organization _____

Address _____ City _____ State, Zip _____

Phone _____ Fax _____ Email _____

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.

AUTHORIZED REPRESENTATIVE *Check box if same as Applicant*

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.

	Fee Calculation	Submittal Items	(check box)
Application Fee:	\$ 50.00	Completed Application (signed and notarized):	<input type="checkbox"/>
		Submittal Fee:	<input type="checkbox"/>
		Ten (10) copies of plans (folded and collated):	<input type="checkbox"/>

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

I _____, the current property owner hereby authorize the applicant _____ 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 enter, photograph and post notices on the property described in this application.**

Signature of Current Property Owner: _____ Date: _____

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 _____ day of _____, 20_____.

Official Seal and Signature of Notary Public

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I _____, 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: _____ Date: _____

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 _____ day of _____, 20_____.

Official Seal and Signature of Notary Public

FOR OFFICE USE ONLY		
DATE RECEIVED:	RECEIVED BY:	PAYMENT AMOUNT:
TENTATIVE PC MEETING DATE:	PC RECOMMENDATION:	CHECK NUMBER:
PROJECT ID NUMBER:		

**THE CITY OF GROVE CITY
SUBMITTAL REQUIREMENTS: LOT SPLIT**



PLEASE CONTACT STAFF FOR A LINK TO SUBMIT THE FOLLOWING ELECTRONIC FILES FOR INITIAL REVIEW:

- One signed and notarized application
- Appropriate fee (\$50) – **Please note that either cash, checks or credit card payments will be accepted. For credit card payments call 614-277-3004.**
- A project narrative describing the nature of the project
- A metes and bounds legal description of the property
- A survey drawing of the property
- If applicable, a proposed Development Standards Text

NOTE: One (1) paper copy (8 1/2 x 11) of all final materials being presented to Planning Commission will be required, as well as one 24 x 36 copy of all plan sheets, if applicable.

For additional information, contact the Grove City Development Department at 614-277-3004 or visit our website at www.grovecityohio.gov/development.



**Grove City Planning Commission
Meeting and Deadline Schedule
2020**

Lot Split Application

Planning Commission Application Filing Deadline	Planning Commission Meeting Date
December 4, 2019	January 7, 2020
December 31, 2019	February 4, 2020
January 29, 2020	March 3, 2020
March 4, 2020	April 7, 2020
April 1, 2020	May 5, 2020
April 29, 2020	June 2, 2020
June 3, 2020	July 7, 2020
July 1, 2020	August 4, 2020
August 5, 2020	September 8, 2020
September 2, 2020	October 6, 2020
September 30, 2020	November 3, 2020
November 4, 2020	December 8, 2020