PROJECT ID#				
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Grove City Planning Commission CERTIFICATE OF APPROPRIATENESS

Please provide the requested information and submit to:

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



grovecityohio.gov/development

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TYPE OF REQUEST				
HPA New Construction and Renovations (See page 3 of 6)	COA Appeal (See page 4 of 6)	HPA Sign Appeal (See page 4 of 6)	HPA Portable Sig Approval (See page 5 of 6)	
PROJECT / PROPERTY INFORM	MATION			DEPER
PROJECT NAME: FOLKIGED	Jones			
TROOLOT WANTE.	Julie 5			
PROJECT LOCATION: 3111	allymbus St.			
STREET ADDRESS (OR NEAREST INTERSECTION WITH D	ISTANCE AND DIRECTION)		
PARCEL ID NUMBER: 040-000 (1,21	5.4.0.5.4.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	54	
PARCEL ID NUMBER: 0 10-0001	ACR	EAGE AFFECTED BY THIS APPLI	CATION:	
EXISTING ZONING:	EXIS	TING LAND USE:		
PROPOSED ZONING:	PRO	POSED LAND USE:		
PROPERTY OWNER INFORMAT	ION		建筑建筑的区域	WE SEE
Note: Dranami aumarahia informatian into reflect		and the second the second to t	1.05	
Note: Property ownership information is to reflect			1 1/-	210
Stalle I Saal	1999 Borror 1	U (912)		3/2/3
Name '	Address	City, State	, Zip	
Phone	Fax	Email		
ADDLICANT INCODMATION	Court Service	No office and Art. He was a first		
APPLICANT INFORMATION				
Note: The applicant is the person(s) or entity seeking Name LUYD Hur MM Hur Address LUYU Hur MM Hur Address LUYU Hur MM Hur Address LUYU Hur Miles Luyu Hur Phone	Title Columb	Jil Wadde Company US OH 4320 State, Zip Luaddel Email	Vorganization 3 19 dantesign	100
SUBMITTAL REQUIREMENTS	THE RESERVE OF THE RE	and the last of th		
	tod or chocked in order for the	application submitted to be sensitived	complete. The extendible is the	duals the
Instructions: All blanks/boxes must be complet required number of copies (properly folded and measurable and shall address all required check	collated) and shall contain all	required supplementary documentation	n. Submitted materials shall be a	accurate,
1	Fee Calculation	Submittal Items	(check I	box)
Application Fee: \$	50.00	Completed Application (s	signed and notarized):	₩.
	33.00		ngnou and notanzeuj.	7
9		Submittal Fee:		
		Ten (10) Copies of Plans	s (folded and collated):	A

PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)						
STEVEN R. TSAAC , the current property owner hereby authorize the						
applicant KOWARD JONES, INC. 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: St. Same Date: 9-8-2017						
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: RYPUtay of SAMANTHA J. LILES Notary Public, State of Ohio My Comm. Expires 11-16-2021 Recorded in the County of Franklin						
APPLICANT'S / AUTHOR ZED REPRESENTATIVE'S AFFIDAVIT						
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: 9-10-17						
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 12 day of Sept , 2017.						
Official Seal and Signature of Notary Public BRUCE G. TOKAR, SR NOTARY PUBLIC, STATE OF OND MY COMMISSION EXPIRES 2/13/2020						
FOR OFFICE USE ONLY						
DATE RECEIVED: O9-ZZ-17 RECEIVED BY: PAYMENT AMOUNT: \$50.00						
TENTATIVE PC MEETING DATE: 11/7/17 RECEIVED BY: PAYMENT AMOUNT: \$50.00 CHECK NUMBER: 16416						
201709270026						