



**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: Grant Ave.
 PROJECT LOCATION: 3615 Grant Ave.
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)
 PARCEL ID NUMBER: 040-000411 ACREAGE AFFECTED BY THIS APPLICATION: .50
 EXISTING ZONING: R-2, D1 EXISTING LAND USE: Residential
 PROPOSED ZONING: R-2 PROPOSED LAND USE: Residential

PROPERTY OWNER INFORMATION

Note: Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office.
2Teers Properties LLC 3346 Summer Glen Dr. Grove City, OH 43123
 Name Address City, State, Zip
614-753-2214 jimmcnabb68@gmail.com
 Phone Fax Email

APPLICANT INFORMATION

Note: The applicant is the person(s) or entity seeking approval of this application.
James McNabb
 Name Title Company / Organization
3346 Summer Glen Dr. Grove City OH 43123
 Address City State, Zip
614-753-2214 jimmcnabb68@gmail.com
 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 checked="" type="checkbox"/>
		Submittal Fee:	<input checked="" type="checkbox"/>
		Ten (10) copies of plans (folded and collated):	<input type="checkbox"/>

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

I James McNabb, 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 visit and/or photograph the property described in this application.

Signature of Current Property Owner: James McNabb 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 21st day of November

Molly Frasher
Official Seal and Signature of Notary Public



MOLLY FRASHER
Notary Public, State of Ohio
My Commission Expires 02-05-2022

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I James McNabb, 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: James McNabb 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 21st day of November

Molly Frasher
Official Seal and Signature of Notary Public



MOLLY FRASHER
Notary Public, State of Ohio
My Commission Expires 02-05-2022

FOR OFFICE USE ONLY		
DATE RECEIVED: <u>11/21/18</u>	RECEIVED BY: <u>mk</u>	PAYMENT AMOUNT: <u>\$50.00</u>
TENTATIVE PC MEETING DATE: <u>12/4/18</u>	PC RECOMMENDATION:	CHECK NUMBER: <u>2548</u>
PROJECT ID NUMBER: <u>20181121005Z</u>		