



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: Casino Lot Split

PROJECT LOCATION: 3925 Elm St.
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: Smiths Addition Lot 20 ACREAGE AFFECTED BY THIS APPLICATION: _____

EXISTING ZONING: _____ EXISTING LAND USE: side yard

PROPOSED ZONING: _____ PROPOSED LAND USE: Side yard

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: Stephanie Casiro Address: 3925 Elm St City, State, Zip: Grove City, OH 43123

Phone: 614-670-1162 Fax: _____ Email: MarkCasiro1@Sbcglobal.net

APPLICANT INFORMATION

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

Name: Stephanie Casiro Title: Home Owner Company / Organization: _____

Address: 3925 Elm St City: Grove City, OH State, Zip: 43123

Phone: 614 670 1162 Fax: _____ Email: Stephanie.Casiro@prose.com

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 Timothy L. Smith, 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: Timothy L. Smith Date: 9-16-19

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 16th day of September, 2019
Mary Havener
Official Seal and Signature of Notary Public



MARY HAVENER
Notary Public, State of Ohio
My Commission Expires 02-05-2022

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I Stephanie Casino, 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: Stephanie Casino Date: 9.16.19

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 16 day of September, 2019
Mary Havener
Official Seal and Signature of Notary Public



MARY HAVENER
Notary Public, State of Ohio
My Commission Expires 02-05-2022

FOR OFFICE USE ONLY		
DATE RECEIVED: 09-16-19	RECEIVED BY: MH	PAYMENT AMOUNT: \$50.00
TENTATIVE PC MEETING DATE: 10-08-19	PC RECOMMENDATION:	CHECK NUMBER: 1065
PROJECT ID NUMBER: 201909160052		