



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: Powerless Spit
PROJECT LOCATION: 5812 Donavans bluff
STREET ADDRESS FOR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION
PARCEL ID NUMBER: 040-011065-00 ACREAGE AFFECTED BY THIS APPLICATION: _____
EXISTING ZONING: _____ EXISTING LAND USE: Empty
PROPOSED ZONING: _____ PROPOSED LAND USE: Build a house

PROPERTY OWNER INFORMATION

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

Carol Powless 5822 Donavans blf Grove City 43123
Name Address City, State, Zip
614 327-0548 Carolpatrick083@yahoo.com
Phone Fax Email

APPLICANT INFORMATION

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

Carol Powless
Name Title Company / Organization
5822 Donavans bluff Grove City OH 43123
Address City State, Zip
614 327-0548 Carolpatrick0831@yahoo.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 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 Barbara Carol Powless, the current property owner hereby authorize the applicant self 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: Barbara Carol Powless Date: 12-26-19

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 _____ day of _____, 20____.

Official Seal and Signature of Notary Public

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I Barbara Carol Powless, 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: Barbara Carol Powless Date: 12-26-19

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 26 day of _____, 2019.

Jean A. Haughn
Official Seal and Signature of Notary Public



JEAN A. HAUGHN
Notary Public, State of Ohio
My Commission Expires 07-17-2022

| FOR OFFICE USE ONLY | | |
|--|--------------------|----------------------------|
| DATE RECEIVED: 12-26-19 | RECEIVED BY: MH | PAYMENT AMOUNT: \$50.00 |
| TENTATIVE PC MEETING DATE: 02-04-20 | PC RECOMMENDATION: | CHECK NUMBER: 515 |
| PROJECT ID NUMBER: 201912260073 | | |