



Grove City Planning Commission

CERTIFICATE OF APPROPRIATENESS

Received By:
 Grove City Development
 Date: 03/31/2021

Please provide the requested information and submit to:

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

grovecityohio.gov/development

TYPE OF REQUEST

<input checked="" type="checkbox"/> HPA New Construction and Renovations (See page 4 of 7)	<input type="checkbox"/> HPA Sign Appeal (See page 5 of 7)	<input type="checkbox"/> HPA Portable Sign Approval (See page 6 of 7)
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PROJECT / PROPERTY INFORMATION

PROJECT NAME: Rear Addition

PROJECT LOCATION: 3173 Columbus St
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 040-000812-00 ACREAGE AFFECTED BY THIS APPLICATION: _____

EXISTING ZONING: Residential EXISTING LAND USE: ONE-FAMILY DWLG ON PLATTED

PROPOSED ZONING: Residential PROPOSED LAND USE: ONE-FAMILY DWLG ON PLATTED

PROPERTY OWNER INFORMATION

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

Kindal Kottman 3173 Columbus St Grove City, OH, 43123
Name Address City, State, Zip

614-701-8515 _____ headington5@icloud.com
Phone Fax Email

APPLICANT INFORMATION

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

Matthew Headington owners spouse _____
Name Title Company / Organization

3173 Columbus St _____ Grove City, OH 43123
Address City, State, Zip

614-949-0462 _____ headington5@icloud.com
Phone Fax Email

AUTHORIZED REPRESENTATIVE Check box if same as Applicant:

Note: The authorized representative is the person(s) or entity representing the applicant. As the authorized representative, you must have the legal 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 or related parties.

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.) _____

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

I, Kindal Kottman, the current property owner hereby authorize the applicant Matthew Headington 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: Kindal Kottman Date: 3/31/21



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 31st day of March, 2021

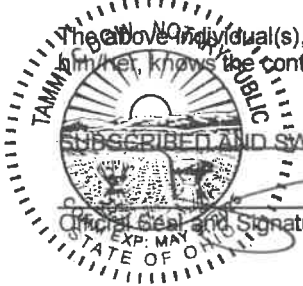
Official Seal and Signature of Notary Public

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I, Matthew Headington, 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: Matthew H Date: 03/31/21

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 31st day of March, 2021

Official Seal and Signature of Notary Public

FOR OFFICE USE ONLY		
DATE RECEIVED: 3/31/21	RECEIVED BY: H.White	PAYMENT AMOUNT: 50.00
TENTATIVE PC MEETING DATE: 5/4/21	PC RECOMMENDATION:	CHECK NUMBER:
PROJECT ID NUMBER 202103310023		