



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

TYPE OF REQUEST

| | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> HPA New Construction and Renovations (See page 4 of 8) | <input type="checkbox"/> COA Appeal (See page 5 of 8) | <input type="checkbox"/> HPA Sign Appeal (See page 6 of 8) | <input type="checkbox"/> HPA Portable Sign Approval (See page 7 of 8) |
|---|--|---|--|

PROJECT / PROPERTY INFORMATION

PROJECT NAME: Local Cantina

PROJECT LOCATION: 3937 Broadway Grove City OH 43123
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: _____ **ACREAGE AFFECTED BY THIS APPLICATION:** _____

EXISTING ZONING: _____ **EXISTING LAND USE:** _____

PROPOSED ZONING: _____ **PROPOSED LAND USE:** _____

PROPERTY OWNER INFORMATION

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

| | | |
|----------------------|---------------------------|---------------------------------|
| <u>Karen Dover</u> | <u>3937 Broadway, LLC</u> | <u>Grove City OH 4312</u> |
| <small>Name</small> | <small>Address</small> | <small>City, State, Zip</small> |
| <u>614-256-1031</u> | | |
| <small>Phone</small> | <small>Fax</small> | <small>Email</small> |

APPLICANT INFORMATION

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

| | | |
|------------------------|---------------------------------|---------------------------------------|
| <u>Brad Calvin</u> | <u>Property Manager</u> | <u>Local Cantina</u> |
| <small>Name</small> | <small>Title</small> | <small>Company / Organization</small> |
| <u>3937 Broadview</u> | <u>Grove City OH 43123</u> | |
| <small>Address</small> | <small>City, State, Zip</small> | |
| <u>614-805-6504</u> | | <u>brad@localcantina.com</u> |
| <small>Phone</small> | <small>Fax</small> | <small>Email</small> |

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.

| | | |
|---------------------------------|---------------------------------|---|
| <u>Monica McFarland</u> | <u>Project Manager</u> | <u>American Awning and Sign</u> |
| <small>Name</small> | <small>Title</small> | <small>Company / Organization</small> |
| <u>60 Collegeview Suite 100</u> | <u>Westerville OH 43081</u> | |
| <small>Address</small> | <small>City, State, Zip</small> | |
| <u>614-578-3884</u> | | <u>monica@americanawningandsign.com</u> |
| <small>Phone</small> | <small>Fax</small> | <small>Email</small> |

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 Monica McFarland, 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: [Signature] Date: 7/19/2021

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 19 day of July, 2021

[Signature]
Official Seal and Signature of Notary Public



Brittany Seebach
Notary Public, State of Ohio
My Commission Expires 11-24-2025

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I Monica McFarland, the applicant, understand the contents of this application. The information contained in this application, 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: Monica McFarland Date: 7-12-21

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 7 day of July, 2021

[Signature]
Official Seal and Signature of Notary Public



Brittany Seebach
Notary Public, State of Ohio
My Commission Expires 11-24-2025

| FOR OFFICE USE ONLY | | |
|--|--------------------------|----------------------------|
| DATE RECEIVED: 07/19/21 | RECEIVED BY: H. White | PAYMENT AMOUNT: \$50.00 |
| TENTATIVE PC MEETING DATE: 08/03/21 | PC RECOMMENDATION: | CHECK NUMBER: |
| PROJECT ID NUMBER 202107120050 | | |