



# CITY OF GROVE CITY

## Community Reinvestment Area Tax Exemption Residential Application

Please provide the requested information and submit to:

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

development.grovecityohio.gov

**PROPERTY OWNER INFORMATION (as reflected on the Franklin County Auditor website)**

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PROJECT INFORMATION**

Project Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Has an exemption for this address been previously filed?  No  Yes *If yes, when?* \_\_\_\_\_

Does project involve a structure of historical significance?  No  Yes *If yes, please attach written certification of such by the designating agency or authorized agent.*

Type of Unit  Single Family  Condominium  
 Apartment (1- or 2-unit)  Other

Square Footage Calculation	Existing	New
Livable		
Non-Livable (Garage)		
<b>Total:</b>		

Type of Exemption  New Construction  Remodel

Cost of Construction \$ \_\_\_\_\_ All applicable building/zoning permits and approvals were secured from the City?  No  Yes

Is construction complete?  Yes: Date Completed \_\_\_\_\_  No: Anticipated Completion Date \_\_\_\_\_

Brief description of work completed for this project: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***I, the undersigned, do hereby affirm that I am the property owner or duly authorized agent, and the above information is accurate to the best of my knowledge.***

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Print Name Signature Date

FOR OFFICE USE ONLY		
TAX PARCEL NUMBER:	COMMUNITY REINVESTMENT AREA:	COMMENCEMENT YEAR:
EFFECTIVE DATE OF ORIGINAL CRA LEGISLATION:	EFFECTIVE DATE OF AMENDED CRA LEGISLATION:	VERIFICATION OF IMPROVEMENT VALUE: \$
PROJECT MEETS REQUIREMENTS FOR AN EXEMPTION UNDER ORC 3735.67:		<input type="checkbox"/> YES <input type="checkbox"/> NO
EXEMPTION DETAILS: TERM: _____ YEARS PERCENTAGE _____ %		
<i>I certify that the project described herein meets the necessary requirements for the Community Reinvestment Area.</i>		
_____		_____
Signature		Date