



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](http://grovecityohio.gov/development)

**PROJECT / PROPERTY INFORMATION**

PROJECT NAME: McCloub Road Lot Split  
 PROJECT LOCATION: 2700 McCloub Road, Grove City, OH 43123  
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)  
 PARCEL ID NUMBER: 040-005707 & 040-005708 ACREAGE AFFECTED BY THIS APPLICATION: 4.7638 acres more or less  
 EXISTING ZONING: R-2 & SD-1 EXISTING LAND USE: Residence & Church  
 PROPOSED ZONING: R-2 & SD-1 PROPOSED LAND USE: Residence & Church

**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: The Church of Christ in Christian View Address: 1553 Lancaster Ave City, State, Zip: Circleville, OH 43113  
 Phone: 740-474-8856 Fax: 740-477-7766 Email: wcd@ccc.org

**APPLICANT INFORMATION**

Note: The applicant is the person(s) or entity seeking approval of this application.  
 Name: David Holycross Title: \_\_\_\_\_ Company / Organization: \_\_\_\_\_  
 Address: 2615 McCloub Road City: Grove City, OH State, Zip: 43123  
 Phone: 614-805-8105 Fax: 614-802-0905 Email: Daveslink@columbus.rr.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: Scott Goldberg Title: Attorney Company / Organization: \_\_\_\_\_  
 Address: 5329 N. High Street City: Columbus, OH State, Zip: 43214  
 Phone: 614-802-0902 Fax: 614-802-0905 Email: golden@title.com

Relationship to the Applicant: (e.g. legal counsel, engineer, architect, land planner, contractor, etc.)  
LEGAL Counsel

**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 Joseph Davall West Central District Superintendent  
for the Churches of Christ in Christian Union the current property owner hereby authorize the applicant DAVID HOLYCROSS 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: Joseph T. Davall Date: Nov. 17, 2021

STATE OF OHIO, COUNTY OF FRANKLIN Pidaway

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 17<sup>th</sup> day of November, 2021.

[Signature]  
Official Seal and Signature of Notary Public

**APPLICANT'S AUTHORIZED REPRESENTATIVE'S AFFIDAVIT**

I DAVID HOLYCROSS, 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.

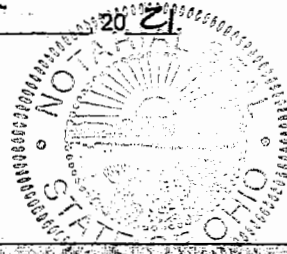
Signature of Applicant or Authorized Representative: [Signature] Date: 11-18-21

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 18<sup>th</sup> day of November, 2021.

[Signature]  
Official Seal and Signature of Notary Public



SCOTT D. GOLDBERG  
ATTORNEY AT LAW  
NOTARY PUBLIC  
STATE OF OHIO  
My Comm. Has No  
Expiration Date  
Section 147.03 R.C.

| FOR OFFICE USE ONLY                    |                          |                            |
|--|--------------------------|----------------------------|
| DATE RECEIVED:<br>11/18/21             | RECEIVED BY:<br>H. White | PAYMENT AMOUNT:<br>\$50.00 |
| TENTATIVE PC MEETING DATE:<br>12/07/21 | PC RECOMMENDATION:       | CHECK NUMBER:              |
| PROJECT ID NUMBER:<br>202111180069     |                          |                            |