

Conditional Use Application

Application to the Board of Zoning Appeals



City of Groveport
Building & Zoning Department
655 Blacklick St
Groveport, OH 43125
614-830-2045

Date: _____

Case # _____

Fee: Non-Residential & Multi-Family Uses: \$150.00
Residential Uses: \$75.00

Location of requested Conditional Use:

Address _____ **Parcel #** _____

Description of previous use: _____

Proposed use of property: _____

Current zoning of property: _____

Applicant Name: _____

Address: _____

Property Owner Name: _____

Address: _____

SUBMITTAL REQUIREMENTS: Applicant shall submit this application including the property owners list (see attached form), the filing fee, and ten (10) copies of the following items to make a complete packet.

- ☐ Legal description of property.
- ☐ A statement indicating the necessity or desirability of the proposed use to the neighborhood or community.
- ☐ A statement indicating the relationship of the proposed use to adjacent properties and land uses.
- ☐ Any additional information as necessary regarding this property, proposed use, and surrounding area as may be pertinent to the application or which is required for appropriate action by the Groveport Board of Zoning Appeals.

APPLICANT'S AFFIDAVIT:

To the best of my (our) knowledge, the above statements and attached site plan are, in all respects, true and accurate descriptions of the existing status and proposed plans for the property identified in this application.

Applicant's Signature

Contact phone number

Applicant's Printed Name

Email address

PROPERTY OWNERS LIST

List of all property owners within, contiguous to, and directly across the street from such proposed development. List must be in accordance with the Franklin County Auditor's current tax list and must include all the below information.

The Auditor's website is: www.franklincountyauditor.com Go to *Real Estate, Property Search*, put your address in, then go to *Mapping*, and then *Buffer Search*. If you need assistance, call the City of Groveport Building Department at 614-830-2045.

Parcel Number: _____

Owner's Name: _____
Address: _____
City & State: _____ Zip Code _____

Site Address: _____

Mail Address: Name: _____
Address: _____
City & State: _____ Zip Code _____

Parcel Number: _____

Owner's Name: _____
Address: _____
City & State: _____ Zip Code _____

Site Address: _____

Mail Address: Name: _____
Address: _____
City & State: _____ Zip Code _____

Parcel Number: _____

Owner's Name: _____
Address: _____
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Parcel Number: _____

Owner's Name: _____

Address: _____

City & State: _____ Zip Code _____

Site Address: _____

Mail Address: Name: _____

Address: _____

City & State: _____ Zip Code _____

Parcel Number: _____

Owner's Name: _____

Address: _____

City & State: _____ Zip Code _____

Site Address: _____

Mail Address: Name: _____

Address: _____

City & State: _____ Zip Code _____

Parcel Number: _____

Owner's Name: _____

Address: _____

City & State: _____ Zip Code _____

Site Address: _____

Mail Address: Name: _____

Address: _____

City & State: _____ Zip Code _____

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