



Amendment to Plat Application

Application to the Planning & Zoning Commission

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

Date: _____

Case # _____

Fee: **\$150.00**

Location of proposed Amendment to Subdivision Plat:

Address _____ **Parcel #** _____

Zoning of property: _____ Proposed Use of Property: _____

Reason for & Type of Amendment: _____

Applicant Name: _____ Phone #: _____

Address: _____

Property Owner Name: _____ Phone #: _____

Address: _____

SUBMITTAL REQUIREMENTS: Applicant shall submit this application including the property owners list (see attached form), the filing fee, and twenty (20) copies of the following items to make a complete packet. Also, submit an electronic version on a thumb drive or send by PDF to buildingclerk@groveport.org.

- ☐ Legal description and survey drawing of the subject property.
- ☐ A statement of how the proposed amendment will affect the subdivision plat, surrounding area and the reasons for such amendment.
- ☐ All other information as may be required by the Zoning Ordinance.
- ☐ Any additional information that may be helpful to the Planning & Zoning Commission.

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: _____

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Mail Address: Name: _____

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If additional space is needed, make copies of this page.

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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: _____
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Parcel Number: _____

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