USE VARIANCE
Application to Planning & Zoning Commission

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

Date: _____

Case # _____

Fee: $150.00

The Zoning Inspector of the City of Groveport, Ohio has refused to issue a Certificate of Zoning Compliance at the following address as it is in violation of Zoning Code number: _____.

Address of property _____.

Parcel # _____. The property is currently zoned _____.

The property is currently being used for _____.

The proposed use of the property is _____.

I appeal to City Council for a Use Variance that will allow me to do the following: _____

_____.

Refusal constitutes a hardship because _____.

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.

- ☐ Dimensions and size of existing and proposed lots and easements.
- ☐ Size and location of existing and proposed development such as buildings, structures, signs, water supply, waste water treatment, driveways, and parking, etc.
- ☐ Existing and proposed use of all parts of land and buildings.
- ☐ Any additional information concerning the subject tract and neighboring tracts as may be required by the Zoning Enforcement Officer or City Council in order to determine compliance with and provide enforcement of the Zoning Resolution.

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: _____

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Address:_____
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Site Address: _____

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

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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:_____
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Site Address: _____

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