

APPLICATION TO BOARD OF ZONING APPEALS
APPLICATION FOR CONDITIONAL USE PERMIT

THE VILLAGE OF GROVEPORT

Board of Zoning Appeals
655 Blacklick Street
Groveport, Ohio 43125

Fee: **\$25.00**

Make Check Payable to: VILLAGE OF GROVEPORT

Date: _____

Item #: _____

PART I. GENERAL INFORMATION:

Applicant _____

Address _____ Phone _____

Property Owner _____

Address _____ Phone _____

Location of requested Conditional Use:

Address _____ Parcel # _____

Description of existing use: _____

Proposed use of property: _____

Current zoning of property: _____

PART II EXHIBITS (Attach additional pages as necessary)

A. Each application shall include the following information:

1. **Legal description of property** _____
2. **Statement indicating the necessity or desirability of the proposed use to the neighborhood or community:** _____

3. **A statement indicating the relationship of the proposed use to adjacent properties and land uses:**

4. **Attach additional information as necessary regarding the 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.**
5. **A list of owners of property within, contiguous to, directly across the street from, and within such area proposed to be considered for a Conditional Use. Such list shall be in accordance with the Franklin County Auditor's current tax list, and shall include all owners mailing addresses and parcel numbers.**

APPLICANT'S AFFIDAVIT:

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

Signature of Applicant Date

Approved: _____ Denied: _____

Zoning Officer's Signature Date

PROPERTY OWNERS LIST

(List of owners of property within, contiguous to, 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.co.franklin.oh.us/auditor and you will need to look under Geographic Information System maps.)

Parcel Number: _____

Owner's Name: _____

Address: _____

City & State: _____ Zip Code _____

Site Address: _____ Lot #: _____

Mail Address: Name: _____

Address: _____

City & State: _____ Zip Code _____

Parcel Number: _____

Owner's Name: _____

Address: _____

City & State: _____ Zip Code _____

Site Address: _____ Lot #: _____

Mail Address: Name: _____

Address: _____

City & State: _____ Zip Code _____

Parcel Number: _____

Owner's Name: _____

Address: _____

City & State: _____ Zip Code _____

Site Address: _____ Lot #: _____

Mail Address: Name: _____

Address: _____

City & State: _____ Zip Code _____