City of Groveport
Community Reinvestment Area Tax Exemption Program Application

655 Blacklick Street
Groveport Ohio 43125
614-836-5301

1. _____ _____
   Name of Property Owner Address of Property Owner

2. _____ _____
   Contact Contact Telephone #

3. _____ _____
   Address (to be abated) Parcel # (to be abated)

4. Exemption Sought For: New Structure: _____ Remodeling: _____

5. Completion Date: _____

6. Is the project structure of architectural or historical significance? Yes _____ No _____
   (If yes, attach written certification of such by the designating agency or authorized agent.)

7. Attach a legal description of the property.

8. Cost of Construction (not including land purchase): $ _____

9. Estimated Number of Employees at Abated Property: _____

10. Estimated Number of New Employees at Abated Property Not Previously Employed in Groveport: _____

11. Estimated Total of Payroll: $ _____ Estimated Annual Value: $ _____

_____ _____
Date Signature of Property Owner

FOR OFFICE USE ONLY

1. Number of Community Reinvestment Area: _____
2. Effective Date of Appropriate Local Resolution: _____
3. Verification of Construction Cost: New Structure: $ _____ Remodeling: $ _____
4. Project Meets Requirements from an Exemption Under ORD. 3735.67
   A: _____ B: _____ C: _____
5. Is the project structure of architectural or historical significance? Yes _____ No _____
6. Period of Exemption for this Improvement: _____

I certify that the project described herein meets the necessary requirements for the Community Reinvestment Area Program in the City of Groveport.

_____ _____
Date Signature of City Administrator

! Original to County Auditor ! Copy to File ! Copy to Property Owner ! Copy to School