

Final Plat Approval 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: **\$250.00 plus \$10 per lot**

Location of requested Final Plat:

Address _____ Parcel # _____

I am requesting final plat approval for _____ subdivision,
containing _____ lots in _____ phases.

The property I wish to develop is located on the _____ side of _____ street.

The property contains a total of _____ acres.

The property is currently being used for _____.

The property is currently zoned _____.

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.

- Legal description and survey drawing of the subject property.
- Final Plat and any other plans that may be applicable (refer to sections 1191.09 Plat Approval, Groveport Subdivision Regulations).
- A statement on how the proposed subdivision is justified under the purpose and standards of the Subdivision Regulations and how the proposed development relates to publicity adopted plans and policies for the area.
- Any additional information that may be helpful to the Planning & Zoning Commission and City Council.

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: _____

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

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City & State: _____ Zip Code _____

Site Address: _____

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

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Address: _____
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Site Address: _____

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