

**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.**

- 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](http://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 \_\_\_\_\_

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Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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Mail Address: Name: \_\_\_\_\_

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Address: \_\_\_\_\_

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

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