

**APPLICATION TO THE BOARD OF ZONING APPEALS**

TO: Board of Zoning Appeals  
4035 Broadway  
Grove City, Ohio 43123  
Phone: (614) 277-3075

Checks Made Payable To:  
**CITY OF GROVE CITY**  
Filing Fee \$100.00

Date: \_\_\_\_\_

Information needs to be completed on this Application otherwise it will be returned and not placed on an agenda until it is re-submitted and complete. One original set of plans and 13 copy sets of plans (14 total sets) need to be included upon submitting this application. This includes this Application Form and any additional attachments.

If you are in the Planning Commission process, is this project pending or completed? \_\_\_\_\_

The Building Inspector of the City of Grove City, Ohio has refused to issue a:  
 Building Permit                       Certificate of Occupancy Permit                       Sign Permit

at the following address: \_\_\_\_\_

as it is in violation of :

Building Code No. \_\_\_\_\_ Zoning Code No. \_\_\_\_\_ Other: \_\_\_\_\_

I appeal to the Board of Zoning Appeals for a variance that will allow me to do the following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Refusal constitutes a hardship because:  
\_\_\_\_\_  
\_\_\_\_\_

Names, Address and Parcel No. of all adjoining property owners:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you the applicant or representative?: \_\_\_\_\_ If you are the representative, who you are

Representing: \_\_\_\_\_

**Please note\*** *As the representative for this application all correspondence will be directed to you. If additional space is needed, an addendum may be attached.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Company

\_\_\_\_\_  
Telephone and Fax Numbers