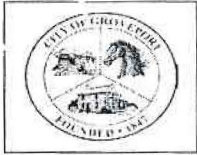


APPLICATION TO CITY COUNCIL



USE VARIANCE APPLICATION

THE CITY OF GROVEPORT

City Council
655 Blacklick Street
Groveport, Ohio 43125

Application # 2015-0087

Case # 2015-01

Filing Fee: \$150.00

Make Check Payable to: City of Groveport

Applicant: GROVEPORT CANAL ANIMAL HOSPITAL / DRS. ALEC LAND & RONA SHAPIRO

Address: 645 MAIN STREET GROVEPORT OH 43125 Phone: 614-836-3222

The Zoning Inspector of the City of Groveport, Ohio, has refused to issue a Certificate of Zoning Compliance at the following address:

PARCELS 185-000046-00 / 185-002776-00
as it is in violation of the Zoning Code No. 1181.04(b)(3)

Existing Zoning: CC Existing Use of Property: VACANT / BEING COMBINED W/ ADJ LOT

Proposed Use of Property: VETERINARY HOSPITAL

I appeal to the City Council for a use variance that will allow me to do the following:

ALLOW "VETERINARY HOSPITAL" AS A NON-CONFORMING USE ON
THE PARCELS LISTED ABOVE

Refusal constitutes a hardship because:

THE EXISTING BUSINESS IS GRANDFATHERED IN AS NON-CONFORMING
USE. WOULD LIKE TO EXPAND INTO ADJACENT VACANT LOT.

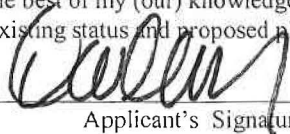
SITE PLAN REQUIREMENTS:

Applicant shall submit TWENTY (20) folded and collated copies of a survey accurately drawn to scale clearly illustrating the following items:

- Dimensions and size of existing and proposed lots and easements:
- Size and location of existing and proposed development such as buildings, structures, signs, water supply, waste water treatment, driveways and parking, etc.:
- Existing and proposed use of all parts of land and buildings; and
- Names, addresses and parcel numbers of all adjoining property owners including property owners across the street, as shown on the Franklin County tax maps.
- Any additional information concerning the subject tract and neighboring tracts as may be required by the Zoning Enforcement Officer or City Council in order to determine compliance with and provide enforcement of the Zoning Resolution.

APPLICANT'S AFFIDAVIT:

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



Applicant's Signature

Date

DAVE KERR OF DAVID KERR ARCHITECT, LLC

Applicant's Printed Name

614-529-8821

If additional space is needed, an addendum may be attached.

davek@davekerrarch.com



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: 18500005100

Owner's Name: JANET B WARD
Address: 623 MAIN ST
City & State: GROVEPORT OH Zip Code 43125

Site Address: 621 MAIN ST Lot #: _____

Mail Address: Name: _____
Address: SAME AS OWNER ADDRESS
City & State: _____ Zip Code _____

Parcel Number: 18500024900

Owner's Name: RONALD B. WOLCOTT
Address: 140 PFEIFER DR.
City & State: CANAL WINCHESTER OH Zip Code 43110

Site Address: 639 MAIN ST Lot #: _____

Mail Address: Name: _____
Address: SAME AS OWNER ADDRESS
City & State: _____ Zip Code _____

Parcel Number: 18500026600/18500032100/18500048900

Owner's Name: WILLIAM LEMON
Address: 919 DIMSON DR E
City & State: COLUMBUS OH Zip Code 43213

Site Address: 663 MAIN ST Lot #: _____

Mail Address: Name: _____
Address: SAME AS OWNER ADDRESS
City & State: _____ Zip Code _____

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: 18500011400/18500024200/18500294700

Owner's Name: VILLAGE OF GROVEPORT
Address: 655 BLACKLICK ST
City & State: GROVEPORT OH 43125 Zip Code _____

Site Address: 662 MAIN ST & WIRT RD PARKING Lot #: _____

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

Parcel Number: 18500027500

Owner's Name: BOARD OF EDUCATION / GROVEPORT-MADISON LOCAL
Address: 5940 CLYDE MOORE DR
City & State: GROVEPORT OH Zip Code 43125

Site Address: 715 E. MAIN ST 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 _____