

Board of Zoning Adjustment Application

PROJECT DISCLOSURE STATEMENT

Parties having a 5% or more interest in the project that is the subject of this application.

THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED. Do not indicate 'NONE' in the space provided.

APPLICATION # _____

STATE OF OHIO COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) DR. DAVID FANT, Superintendent of (COMPLETE ADDRESS) DISTRICT OFFICES, 2633 MAYBURY ROAD, 43232 deposes and states that (he/she) is the APPLICANT, AGENT, OR DULY AUTHORIZED ATTORNEY FOR SAME and the following is a list of all persons, other partnerships, corporations or entities having a 5% or more interest in the project which is the subject of this application and their mailing addresses:

NAME COMPLETE MAILING ADDRESS

NOT APPLICABLE

SIGNATURE OF AFFIANT

[Handwritten signature]

Sworn to before me and signed in my presence this 10th day of October, in the year 2017

SIGNATURE OF NOTARY PUBLIC

[Handwritten signature]

Notary Seal Here

My Commission Expires ALFEIA PRINCE NOTARY PUBLIC, STATE OF OHIO FRANKLIN COUNTY My Commission Expires 1/5/2022

ALFEIA PRINCE NOTARY PUBLIC, STATE OF OHIO FRANKLIN COUNTY

PLEASE NOTE: Incomplete information will result in the rejection of this submittal. Applications must be submitted by appointment. Call 614-645-4522 to schedule.