















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) CONSTANCE M. SWEITZER of (COMPLETE ADDRESS) 3574 OAKLAWN ST Columbus, Ohio 43224

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:

Table with 2 columns: NAME, COMPLETE MAILING ADDRESS. Row 1: Constance M. Sweitzer, 3574 Oaklawn St Columbus Ohio 43224

SIGNATURE OF AFFIANT [Signature of Constance M. Sweitzer]

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

SIGNATURE OF NOTARY PUBLIC [Signature of Erika L. Turklay]

Notary Seal Here March 30, 2020 My Commission Expires



Erika L. Turklay Notary Public, State of Ohio My Commission Expires March 30th 2020

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