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PRELIMINARY DEVELOPMENT PLAN APPLICATION FEE \$150.00

CITY OF GROVE CITY 4035 Broadway Grove City, Ohio 43123 (614) 277-3000 Fax (614) 277-3011 www.ci.grove-city.oh.us

GC PLANNING COMMISSION

Date Submitted 1/20/2009

PROJECT INFORMATION table with fields: PROJECT NAME (LUMBERYARD REDEVELOPMENT), PROPERTY LOCATION/ADDRESS (PROPERTY WEST OF CITY HALL), PARCEL TAX ID # (NOT ASSIGNED), EXISTING ZONING (EXEMPT), PROPOSED ZONING (MIXED-USE), PROPERTY OWNER(S) (CITY OF GROVE CITY), MAILING ADDRESS (4035 BROADWAY, GROVE CITY, OH 43123), DAYTIME TELEPHONE (277-3000), FAX NUMBER, E-MAIL.

APPLICANT/AGENT table with fields: NAME OF APPLICANT (STONEHENGE COMPANY), MAILING ADDRESS (147 NORTH HIGH ST. GAHANNA, OH 43230), DAYTIME TELEPHONE (614-509-9000), FAX NUMBER (614 509-9016), E-MAIL (MO.DIOWN@stonehenge-company.com), DESIGNATED CONTACT PERSON (MO DIOWN), DAYTIME TELEPHONE (614 509-9000).

I, _____, the applicant or the applicant's duly authorized agent, have read and understand the contents of this submittal. The information contained, including attached exhibits, is complete and true/correct, to the best of my knowledge. A completed checklist and required checklist items accompanies this application. Site visits to the property may be necessary by City representatives. The Owner/Applicant hereby authorizes representatives to visit and/or photograph the property described in this application. Signature of Applicant _____ Date _____ Signature of Owner _____ Date _____

FOR OFFICE USE ONLY table with fields: DATE RECEIVED (1-21-09), PAYMENT RECEIVED/AMOUNT (N/A), CHECK NUMBER, RECEIVED BY (jen), DATE SCHEDULED FOR PC (2-24-09), TEXT INCLUDED (YES NO), PROJECT ID # (200901210004), PLANNING COMMISSION ACTION (APPROVED DISAPPROVED).