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PLAT APPROVAL APPLICATION FEE \$50.00

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 _____

PROJECT INFORMATION table with fields: PROJECT NAME, PROPERTY LOCATION/ADDRESS, PARCEL TAX ID #, PROPERTY OWNER(S), MAILING ADDRESS, DAYTIME TELEPHONE, FAX NUMBER, E-MAIL

APPLICANT/AGENT table with fields: NAME OF APPLICANT, MAILING ADDRESS, DAYTIME TELEPHONE, FAX NUMBER, E-MAIL, DESIGNATED CONTACT PERSON, DAYTIME TELEPHONE

I, Jason Francis, 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. 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: Jason Francis Date: 9-30-09 Signature of Owner: Sam L Date: _____

FOR OFFICE USE ONLY table with fields: DATE RECEIVED, PAYMENT RECEIVED/AMOUNT, CHECK NUMBER, RECEIVED BY, DATE SCHEDULED FOR PLANNING COMMISSION, PROJECT ID #, PLANNING COMMISSION ACTION