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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

SPECIAL USE PERMIT
APPLICATION
FEE \$100.00

Date Submitted 7/6/10

PROJECT INFORMATION		
BUSINESS NAME <u>DONERICK'S PUB & Grill</u>		
BUSINESS ADDRESS <u>5919 Hoyer Rd</u>		
PARCEL TAX ID # <u>500-62-3485</u>		
EXISTING ZONING		
PROPERTY OWNER(S) <u>SKILKEN CO</u>		
MAILING ADDRESS <u>4270 Morse Rd Columbus, OH 43230</u>		
DAYTIME TELEPHONE <u>(614) 418-3100</u>	FAX NUMBER <u>(614) 418-3101</u>	E-MAIL <u>Bsitz@skilken.com</u>

APPLICANT/AGENT		
NAME OF APPLICANT <u>Chris Hale</u>		
MAILING ADDRESS <u>5919 Hoyer Rd</u>		
DAYTIME TELEPHONE <u>614 204-6115</u>	FAX NUMBER <u>() 614-760-6566 0197</u>	E-MAIL <u>cidjr@msu.com</u>
DESIGNATED CONTACT PERSON <u>Chris Hale</u>	DAYTIME TELEPHONE <u>() 614-204-6115</u>	

I, Chris Hale, 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. This request conforms to the requirements of Section 1135.08.

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 [Signature] Date 7/6/10

Signature of Owner [Signature] Date 7/6/10

FOR OFFICE USE ONLY		
DATE RECEIVED <u>7-7-10</u>	PAYMENT RECEIVED/AMOUNT <u>100-</u>	CHECK NUMBER <u>1428</u>
RECEIVED BY <u>Jun</u>	DATE SCHEDULED FOR PLANNING COMMISSION <u>8-10-10</u>	
PROJECT ID # <u>201007070031</u>	PLANNING COMMISSION ACTION APPROVED _____ DISAPPROVED _____	