



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

RECEIVED
 SEP 13 2011

GOVERNMENT DEVELOPMENT
SPECIAL USE PERMIT APPLICATION
FEE \$100.00

Date Submitted 8-19-11

PROJECT INFORMATION

BUSINESS NAME <u>Daystarz Child Care Center</u>		
BUSINESS ADDRESS <u>3946 Broadway</u>		
PARCEL TAX ID # <u>040-000360-00</u>		
EXISTING ZONING <u>CBD</u>		
PROPERTY OWNER(S) <u>3946 Broadway LLC</u>		
MAILING ADDRESS <u>POB 243 Grove City, OH 43123</u>		
DAYTIME TELEPHONE (614) <u>871-4172</u>	FAX NUMBER ()	E-MAIL <u>Daystarzchildcare@gmail.com</u>

APPLICANT/AGENT

NAME OF APPLICANT <u>Donnette Dunlap</u>		
MAILING ADDRESS <u>3094 Thomas Ave. Grove City, OH 43123</u>		
DAYTIME TELEPHONE (614) <u>871-4172</u>	FAX NUMBER ()	E-MAIL <u>Daystarzchildcare@gmail.com</u>
DESIGNATED CONTACT PERSON <u>Donnette Dunlap</u>	DAYTIME TELEPHONE <u>614 871-4172</u>	

I, Donnette Dunlap, 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 7-28-11

Signature of Owner [Signature] Date 5-2-11

FOR OFFICE USE ONLY

DATE RECEIVED <u>9/13/11</u>	PAYMENT RECEIVED/AMOUNT <u>100.00</u>	CHECK NUMBER <u>1020</u>
RECEIVED BY <u>MF</u>	DATE SCHEDULED FOR PLANNING COMMISSION <u>10/4/11</u>	
PROJECT ID # <u>201109130028</u>	PLANNING COMMISSION ACTION APPROVED _____ DISAPPROVED _____	