



FEB 27 2012

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

METHOD OF ZONING CHANGE
REVERSION OF ZONING CLASSIFICATION
APPLICATION
FEE \$100.00

Date Submitted \_\_\_\_\_

PROJECT INFORMATION
PROJECT NAME: Mount Carmel Health Systems Grove City Project
PROPERTY LOCATION/ADDRESS: 5525 Hoover Road, Grove City, OH 43123
PARCEL TAX ID #: 040-006319/000905/004979/004965/004967/005545/004960
EXISTING ZONING: SD-3 PROPOSED ZONING: M-1
PROPERTY OWNER(S): MARA Enterprises Inc.
MAILING ADDRESS: P.O. Box 21700, Columbus, OH 43221
DAYTIME TELEPHONE: ( ) FAX NUMBER: ( ) E-MAIL:

APPLICANT/AGENT
NAME OF APPLICANT: Mount Carmel Health Systems c/o Ben Hale Jr.
MAILING ADDRESS: 37 West Broad Street, Suite 725, Columbus, OH 43215
DAYTIME TELEPHONE: ( ) 221-4255 FAX NUMBER: ( ) 221-4409 E-MAIL: bhale@smithandhale.com
DESIGNATED CONTACT PERSON: Ben Hale/ Jack Reynolds DAYTIME TELEPHONE: ( ) 221-4255

I, Jackson B. Reynolds, III, 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 By: Jackson B. Reynolds Date: 2/27/12
Signature of Owner By: Jack Reynolds Date: 2/27/12

FOR OFFICE USE ONLY
DATE RECEIVED: 2/27 PAYMENT RECEIVED/AMOUNT: 100 RECEIVED BY: CHECK #: 8724
DATE SCHEDULED FOR PC: PUD FINDING MET: APPROVED PLAN ATTACHED: YES NO YES NO TEXT INCLUDED: YES NO
PROJECT ID #: 2012.02270012 PLANNING COMMISSION ACTION: APPROVED DISAPPROVED

**METHOD OF ZONING CHANGE; GCPLANNING COMMISSION**  
**REVISION OF ZONING CLASSIFICATION**  
**APPLICATION CHECKLIST**

Per Section 1139.03 (a), "All requests for modifications of the use districts as established by the Zoning Code shall be submitted to the Planning Commission upon such forms as provided by the Planning Commission for that purpose and pursuant to such rules and regulations as shall be established by the Planning Commission. The Commission may, upon its own motion, recommend to Council changes in the use districts herein established. An applicant requesting a change in the use districts herein established shall file together with the request as hereandbefore described an affidavit with the Planning Commission. The Commission after hearing and consideration of such request shall forward its findings and recommendations to Council and provide a copy thereof to the applicant and other interested parties who shall request the same". (Ordinance C-49-01, Passed 8-6-01.)

**The following checklist items are required to process a Zoning Request:**

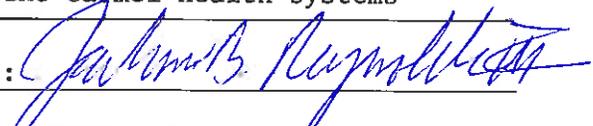
- 1. For a Planned Unit Development (PUD) Rezoning Request, a copy of the letter from the Clerk of Council indicating City Council's approval or disapproval of the Preliminary Development Plan.
- 2. A meets and bounds legal description for the area to be rezoned.
- 3. A map (no larger than 11 x 17) outlining the said parcel or parcels to be rezoned.
- 4. Listing of names and mailing addresses of all persons, corporations and entities contiguous to and across the street from the proposed zoning change.
- 5. Signature of Property Owner of Record

**Please be aware that no changes or alterations in applications shall be permitted, once processing has started. However, an application may be withdrawn upon written request from the petitioner, but in all such instances, the petitioners will forfeit the filing fee.**

**PETITIONER NAME (PLEASE PRINT)**

Mount Carmel Health Systems

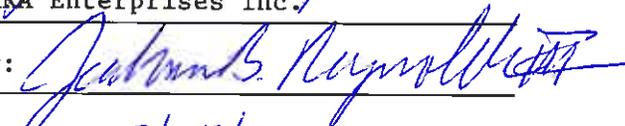
**PETITIONER'S SIGNATURE**

By: 

**OWNER NAME (PLEASE PRINT)**

MARA Enterprises Inc.

**OWNER SIGNATURE**

By: 

**DATE**

2/27/12

**PETITION TO CHANGE THE ZONING MAP OF THE CITY OF GROVE CITY**

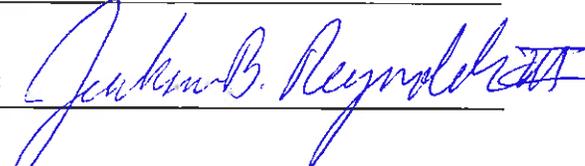
Per Section 1139.01, "Applications or petitions for change or amendment to existing districts in the City shall be made to the office of the Planning Commission and shall be accompanied with a fee of \$100.00, payable to the City of Grove City and shall be deposited in the General Fund. This fee is for the purpose of defraying the costs of preparing the necessary plats, maps, data, legislation and notices and all official publications required by the City and shall not be refundable even though the application is disapproved by the Planning Commission or Council. Applications under Sections 1135.01 to 1135.05 are included herein". (Ordinance C-49-01, Passed 8-6-01.)

We, the undersigned, hereby request the rezoning of the following described property and petition for changing the Zoning map:

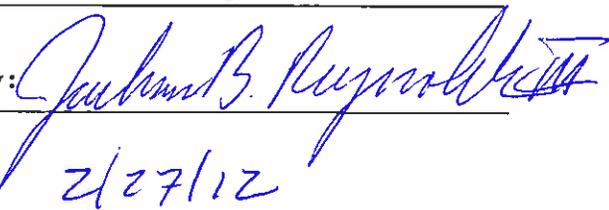
**LOCATION OF PROPERTY** 5525 Hoover Road, Grove City, OH 43123

**EXISTING ZONING** SD-3 **PROPOSED ZONING** M-1

**PETITIONER NAME (PLEASE PRINT)** Mount Carmel Health Systems

**PETITIONER'S SIGNATURE** By: 

**OWNER NAME (PLEASE PRINT)** MARA Enterprises, Inc.

**OWNER SIGNATURE** By: 

**DATE** 2/27/12