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GC PLANNING COMMISSION

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

DEVELOPMENT PLAN
APPLICATION
FEE \$300.00

Date Submitted _____

PROJECT INFORMATION		
PROJECT NAME	New 99 Bed Long Term Care Nursing Facility, Grove City	
PROPERTY LOCATION/ADDRESS	SE CORNER OF BUCKEYE PKWY & BLUE GATOR DR.	
PARCEL TAX ID #	040-005225-00	
EXISTING ZONING	PUD-R	PROPOSED ZONING PUD-R
PROPERTY OWNER(S)	ROCKFORD HOMES, INC	
MAILING ADDRESS	994 Polaris Pkwy Columbus, OH 43240	
DAYTIME TELEPHONE () 614-785-0015	FAX NUMBER ()	E-MAIL

APPLICANT/AGENT		
NAME OF APPLICANT	SUBURBAN GROVE CITY, LLC	
MAILING ADDRESS	5710 Wooster Pike, Suite 128 Cincinnati, OH 45227	
DAYTIME TELEPHONE () 440-477-9901	FAX NUMBER ()	E-MAIL cinverso@provider-services.net
DESIGNATED CONTACT PERSON CHRIS INVERSO	DAYTIME TELEPHONE () 440-477-9901	

I, BRISN L. BAUER MKG Associates, Inc, 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 [Signature] bbauer@mkginc.com Date 07-29-12

Signature of Owner _____ Date _____

FOR OFFICE USE ONLY			
DATE RECEIVED 7/30/12	PAYMENT RECEIVED/AMOUNT \$ 2237.50	RECEIVED BY LD	CHECK # 329
DATE SCHEDULED FOR PC 9/4	APPROVED PLAN ATTACHED YES NO	TEXT INCLUDED YES NO	
PROJECT ID # 201207300034	PLANNING COMMISSION ACTION APPROVED DISAPPROVED		