



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

RECEIVED

AUG 20 2013

GC PLANNING COMMISSION
LOT SPLIT APPLICATION
FEE \$50.00

Date Submitted _____

| PROJECT INFORMATION | | |
|---|-------------------------------------|---------------------------------------|
| PROJECT NAME <u>Lucas Properties - Physique Fitness / Marriott</u> | | |
| PROPERTY LOCATION <u>Buckeye Place and Parkway Centre Drive</u> | | |
| PARCEL TAX ID # <u>040-005957</u> | | |
| EXISTING ZONING <u>PUD-C (Text 02-02)</u> | | |
| PROPERTY OWNER ('S) <u>Lucas State Street Stringtown Limited</u> | | |
| MAILING ADDRESS <u>191 W. Nationwide Blvd., Suite 200, Columbus, OH 43215</u> | | |
| DAYTIME TELEPHONE <u>(614) 744-2012</u> | FAX NUMBER <u>(614) 229-4392</u> | E-MAIL <u>LVisco@castoinfo.com</u> |

| APPLICANT/AGENT | | |
|---|--|---------------------------------------|
| NAME OF APPLICANT <u>Lucas State Street Stringtown Limited</u> | | |
| MAILING ADDRESS <u>191 W. Nationwide Blvd., Suite 200, Columbus, OH 43215</u> | | |
| DAYTIME TELEPHONE <u>(614) 744-2012</u> | FAX NUMBER <u>(614) 229-4392</u> | E-MAIL <u>LVisco@castoinfo.com</u> |
| DESIGNATED CONTACT PERSON <u>LOUIS VISCO</u> | DAYTIME TELEPHONE <u>(614) 744-2012</u> | |

I, Louis G. Visco, 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 8/20/13

Signature of Owner [Signature], is authorized agent Date 8/20/13

| FOR OFFICE USE ONLY | | |
|-------------------------------------|--|----------------------------|
| DATE RECEIVED <u>8/20/13</u> | PAYMENT RECEIVED/AMOUNT <u>50.00</u> | CHECK NUMBER <u>417</u> |
| RECEIVED BY <u>MF</u> | DATE SCHEDULED FOR PLANNING COMMISSION <u>9/3</u> | |
| PROJECT ID # <u>201308200032</u> | PLANNING COMMISSION ACTION APPROVED _____ DISAPPROVED _____ | |