



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

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APR 08 2014

**GC PLANNING COMMISSION
 DEVELOPMENT PLAN**

**APPLICATION
 FEE \$300.00**

Date Submitted 4/8/14

PROJECT INFORMATION		
PROJECT NAME <u>Braden's Fitness/CrossFit 43123</u>		
PROPERTY LOCATION/ADDRESS <u>3995 Thistlewood Grove City OH 43123</u>		
PARCEL TAX ID # <u>040.011533.00</u>		
EXISTING ZONING <u>PUD-I</u>	PROPOSED ZONING	
PROPERTY OWNER(S) <u>Robarco Inc.</u>		
MAILING ADDRESS <u>PO Box 644 Grove City OH 43123</u>		
DAYTIME TELEPHONE <u>(614) 871-2849</u>	FAX NUMBER <u>(614) 871-6205</u>	E-MAIL <u>diane@spare.space.net</u>

APPLICANT/AGENT		
NAME OF APPLICANT <u>Timothy Braden</u>		
MAILING ADDRESS <u>6528 Horror Road Grove City OH 43123</u>		
DAYTIME TELEPHONE <u>(614) 361-5220</u>	FAX NUMBER <u>()</u>	E-MAIL <u>Josh@BradensFitness.com</u>
DESIGNATED CONTACT PERSON <u>Timothy Braden</u>	DAYTIME TELEPHONE <u>(614) 361-5220</u>	

I, Timothy Braden, 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] Date 4/8/14

Signature of Owner [Signature] Date 4/8/14

FOR OFFICE USE ONLY			
DATE RECEIVED <u>4/8/14</u>	PAYMENT RECEIVED/AMOUNT <u>300.00</u>	RECEIVED BY <u>MF</u>	CHECK # <u>106</u>
DATE SCHEDULED FOR PC <u>5/16/14</u>	APPROVED PLAN ATTACHED YES NO	TEXT INCLUDED YES NO	
PROJECT ID # <u>201404680016</u>	PLANNING COMMISSION ACTION APPROVED DISAPPROVED		