



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

RECEIVED
 DEC 01 2014
 GC PLANNING COMMISSION

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

Date Submitted _____

PROJECT NAME			The Courtyards at Hoover		
PROPERTY LOCATION/ADDRESS			4883, 4895 Hoover Road		
PARCEL TAX ID #			040-0021-8-00, 040-004955-00		
EXISTING ZONING		R-1	PROPOSED ZONING		PUD-R
PROPERTY OWNER(S) Emery and Carolyn Pestel					
MAILING ADDRESS 4883 Hoover Road, Grove City, OH 43213					
DAYTIME TELEPHONE		FAX NUMBER		E-MAIL	
() 614 377-8549		()		chris4sold@icloud.com	

NAME OF APPLICANT Epcn Communities, Inc.					
MAILING ADDRESS 500 Stonehenge Parkway, Dublin, OH 43017					
DAYTIME TELEPHONE		FAX NUMBER		E-MAIL	
() 614 761-1010		() 614 761-11		jrhowdes@epconcommunities.com	
DESIGNATED CONTACT PERSON Joel Rhoades				DAYTIME TELEPHONE	
				() 614 761-1010	

I, Joel Rhoades, 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 Joel Rhoades, Vice Pres. Date: _____

Signature of Owner: Carolyn F. Pestel Date: 11-29-14
Emery F. Pestel Date: 11-29-14

DATE RECEIVED 12/1/14	PAYMENT RECEIVED/AMOUNT \$100	RECEIVED BY JS	CHECK # 102460
DATE SCHEDULED FOR PC 1-6-15	PUD FINDING MET YES NO	APPROVED PLAN ATTACHED YES NO	TEXT INCLUDED YES X NO
PROJECT ID # 201412010070		PLANNING COMMISSION ACTION APPROVED DISAPPROVED	

**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 1135.03 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 4883, 4895 Hoover Road
Parcel Tax ID# 040-0021-8-00, 040-004955-00

EXISTING ZONING R-1 **PROPOSED ZONING** PUD-R

PETITIONER NAME (PLEASE PRINT) Epcon Communities, Inc.

PETITIONER'S SIGNATURE By Jill M. ... Vice Pres.

OWNER NAME (PLEASE PRINT) Emery or Carolyn Pestel

OWNER SIGNATURE Carolyn K. Pestel
Emery F. Pestel

DATE 11-29-14

METHOD OF ZONING CHANGE:
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 hereinafter 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)

Epcon Communities, Inc.

PETITIONER'S SIGNATURE

By Jill Morales, Vice Pres.

OWNER NAME (PLEASE PRINT)

Emery or Carolyn Pestel

OWNER SIGNATURE

Carolyn K. Pestel
Emery F. Pestel

DATE

11-29-14



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 FEE \$100.00**

Date Submitted Dec 1, 2014

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PARCEL TAX ID # 040-0021-8-00, 040-004955-00			
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DAYTIME TELEPHONE () 614 377-8549	FAX NUMBER ()	E-MAIL chris4sold@icloud.com	

APPLICANT/AGENT			
NAME OF APPLICANT Epcon Communities, Inc.			
MAILING ADDRESS 500 Stonehenge Parkway, Dublin, OH 43017			
DAYTIME TELEPHONE () 614 761-1010	FAX NUMBER () 614 761-11	E-MAIL jrhoades@epconcommunities.com	
DESIGNATED CONTACT PERSON Joel Rhoades		DAYTIME TELEPHONE () 614 761-1010	

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Signature of Applicant *Joel Rhoades, Inc. Pres.* Date 12-1-14

Signature of Owner _____ Date _____

FOR OFFICE USE ONLY			
DATE RECEIVED	PAYMENT RECEIVED/AMOUNT	RECEIVED BY	CHECK #
DATE SCHEDULED FOR PC	PUD FINDING MET YES NO	APPROVED PLAN ATTACHED YES NO	TEXT INCLUDED YES NO
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EXISTING ZONING R-1 **PROPOSED ZONING** PUD-R

PETITIONER NAME (PLEASE PRINT) Epcon Communities, Inc.

PETITIONER'S SIGNATURE _____

OWNER NAME (PLEASE PRINT) Emery or Carolyn Pestel

OWNER SIGNATURE _____

DATE _____

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REVISION OF ZONING CLASSIFICATION
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