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**DEC 22 2014**  
**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 <b>Grove City Family Dentistry Parking Lot Expansion</b>		
PROPERTY LOCATION/ADDRESS <b>4068 Gladman Avenue</b>		
PARCEL TAX ID # <b>40-002179</b>		
EXISTING ZONING <b>R2</b>	PROPOSED ZONING <b>PSO</b>	
PROPERTY OWNER('S) <b>Buyer-3031 Columbus Street Ltd.</b>		
MAILING ADDRESS <b>4068 Gladman Avenue, Grove City, Ohio 43123</b>		
DAYTIME TELEPHONE ( ) <b>614-875-2153</b>	FAX NUMBER ( )	E-MAIL <b>dro@gcfamdent.com</b>

APPLICANT/AGENT		
NAME OF APPLICANT <b>Thomas R. Clark</b>		
MAILING ADDRESS <b>3083 Columbus Street, Grove City, OH 43123</b>		
DAYTIME TELEPHONE ( ) <b>614-875-4895</b>	FAX NUMBER ( ) <b>614-875-2155</b>	E-MAIL <b>tclark24@columbus.rr.com</b>
DESIGNATED CONTACT PERSON <b>Mark Hazel</b>	DAYTIME TELEPHONE ( ) <b>614-759-9900</b>	

I, Thomas R. Clark, 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 *Thomas R. Clark* Date 12-22-14

Signature of Owner *Craig Oiler* Date 12/22/2014

**Craig Oiler for 3031 Columbus Street, Ltd**

FOR OFFICE USE ONLY			
DATE RECEIVED <b>12/22/14</b>	PAYMENT RECEIVED/AMOUNT <b>\$300</b>	RECEIVED BY <b>KS</b>	CHECK # <b>1646</b>
DATE SCHEDULED FOR PC <b>2/3/15</b>	APPROVED PLAN ATTACHED YES NO		TEXT INCLUDED YES NO
PROJECT ID # <b>201412220073</b>	PLANNING COMMISSION ACTION APPROVED DISAPPROVED		