



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



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

Date Submitted _____

PROJECT INFORMATION		
PROJECT NAME	OhioHealth Medical Center	
PROPERTY LOCATION/ADDRESS	1345, 1351, 1393 Stringtown Road	
PARCEL TAX ID #	160-000134, 160-000475, 160-001507, 160-00027, 160-003012	
EXISTING ZONING	R-1	PROPOSED ZONING M-1 Medical
PROPERTY OWNER(S)	OhioHealth Corporation	
MAILING ADDRESS	180 E. Broad Street, Columbus, Ohio 43215	
DAYTIME TELEPHONE	FAX NUMBER	E-MAIL
(614) 488-4424	(614) 488-0603	todds@daimlergroup.com

APPLICANT/AGENT		
NAME OF APPLICANT	The Daimler Group, Inc.	
MAILING ADDRESS	1533 Lake Shore Drive, Columbus, Ohio 43204	
DAYTIME TELEPHONE	FAX NUMBER	E-MAIL
() 614-488-4424	() 614-488-0603	todds@daimlergroup.com
DESIGNATED CONTACT PERSON	DAYTIME TELEPHONE	
Todd Sloan	() 614-488-4424	

I, Todd Sloan, 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 Date 8/31/15

Signature of Owner Date 8/11/15

FOR OFFICE USE ONLY			
DATE RECEIVED 9/1/15	PAYMENT RECEIVED/AMOUNT \$100.00	RECEIVED BY 	CHECK # 69586
DATE SCHEDULED FOR PC 10/6/15	PUD FINDING MET YES NO	APPROVED PLAN ATTACHED YES NO	TEXT INCLUDED YES NO
PROJECT ID # 201509010061	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 1135.05 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 1345, 1351, 1363, 1393 Stringtown Road



EXISTING ZONING R-1 **PROPOSED ZONING** M-1 - Medical

PETITIONER NAME (PLEASE PRINT) Todd Sloan

PETITIONER'S SIGNATURE 

OWNER NAME (PLEASE PRINT) Roland Tokarski

OWNER SIGNATURE 

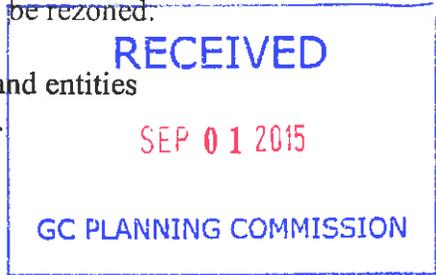
DATE 9/1/15

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 hereandbefore 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

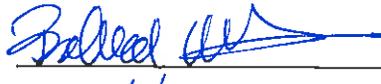


Please be aware that no changes or alterations in applications shall be permitted, once processing has started. However, an application may be withdrawn upon written request from the petitioner, but in all such instances, the petitioners will forfeit the filing fee.

PETITIONER NAME (PLEASE PRINT) Todd Sloan

PETITIONER'S SIGNATURE 

OWNER NAME (PLEASE PRINT) Boland Tokarski

OWNER SIGNATURE 

DATE 9/1/15