



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

RECEIVED
 SEP 28 2015
 GC PLANNING COMMISSION

**SPECIAL USE PERMIT
 APPLICATION
 FEE \$100.00**

Date Submitted _____

PROJECT INFORMATION		
BUSINESS NAME <u>City center childcare</u>		
BUSINESS ADDRESS <u>3721 Broadway, Grove City Ohio 43123</u>		
PARCEL TAX ID #		
EXISTING ZONING <u>Education</u>		
PROPERTY OWNER(S) <u>Mohamud Osman</u>		
MAILING ADDRESS		
DAYTIME TELEPHONE <u>(414) 843-0689</u>	FAX NUMBER ()	E-MAIL <u>mohamud95@hotmail.com</u>

APPLICANT/AGENT		
NAME OF APPLICANT <u>City center childcare</u>		
MAILING ADDRESS <u>3721 Broadway Grove City Ohio 43123</u>		
DAYTIME TELEPHONE <u>614 843-0689</u>	FAX NUMBER ()	E-MAIL <u>mohamud95@hotmail.com</u>
DESIGNATED CONTACT PERSON	DAYTIME TELEPHONE ()	

I, City center childcare, 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 9/28/2015
 Signature of Owner [Signature] Date 9/28/2015

FOR OFFICE USE ONLY		
DATE RECEIVED <u>09/29/15</u>	PAYMENT RECEIVED/AMOUNT <u>\$100.00</u>	CHECK NUMBER <u>1025</u>
RECEIVED BY <u>mk</u>	DATE SCHEDULED FOR PLANNING COMMISSION <u>11/3/15</u>	
PROJECT ID # <u>201509280071</u>	PLANNING COMMISSION ACTION APPROVED _____ DISAPPROVED _____	