



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



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

Date Submitted \_\_\_\_\_

PROJECT INFORMATION		
BUSINESS NAME City Center Child Care		
BUSINESS ADDRESS 3721 Broadway, Grove City, OH 43123		
PARCEL TAX ID # 040-000722		
EXISTING ZONING Mohamud Osman and Safia Said Osman		
PROPERTY OWNER(S) 2276 Brookbank Drive, Grove City, OH 43123		
MAILING ADDRESS		
DAYTIME TELEPHONE (614) 843-0669	FAX NUMBER ( )	E-MAIL Mohamud95@hotmail.com

APPLICANT/AGENT		
NAME OF APPLICANT Mohamud Osman		
MAILING ADDRESS 2276 Brookbank Drive, Grove City, OH 43123		
DAYTIME TELEPHONE (614) 843-0669	FAX NUMBER ( )	E-MAIL
DESIGNATED CONTACT PERSON Mohamud Osman	DAYTIME TELEPHONE (614) 843-0669	

I, Mohamud Osman, 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 11/11/2015

Signature of Owner: [Signature] Date 11/11/2015  
Safia Said

FOR OFFICE USE ONLY		
DATE RECEIVED	PAYMENT RECEIVED/AMOUNT	CHECK NUMBER
RECEIVED BY	DATE SCHEDULED FOR PLANNING COMMISSION	
PROJECT ID #	PLANNING COMMISSION ACTION APPROVED _____ DISAPPROVED _____	