



Grove City Planning Commission

RECEIVED

SPECIAL USE PERMIT APPLICATION

NOV 3 0 2015

Please provide the requested information and submit to:

DEVELOPMENT DEPARTMENT  
4035 BROADWAY  
GROVE CITY, OHIO 43123  
614-277-3004

GC PLANNING COMMI:  
grovecityohio.gov/development

**PROJECT / PROPERTY INFORMATION**

PROJECT NAME: Grove City Brewing Company

PROJECT LOCATION: 3946 Broadway  
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 640-000360-00 ACREAGE AFFECTED BY THIS APPLICATION: \_\_\_\_\_

EXISTING ZONING: \_\_\_\_\_ EXISTING LAND USE: \_\_\_\_\_

PROPOSED ZONING: \_\_\_\_\_ PROPOSED LAND USE: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

**Note:** Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office.

Name: Genea Jones Address: 4110 DORCHESTER RD City, State, Zip: Grove City Ohio 43123

Phone: 614 374 4001 Fax: \_\_\_\_\_ Email: Genea@SPENCERLANE.com

**APPLICANT INFORMATION**

**Note:** The applicant is the person(s) or entity seeking approval of this application.

Name: David Crosby Title: Co-Owner Company / Organization: Plum Run Vineyard, LLC

Address: 7441 Young Rd. City: Grove City State, Zip: Ohio 43123

Phone: 614-203-2694 Fax: 614-991-0422 Email: plumrunvineyard@gmail.com

**AUTHORIZED REPRESENTATIVE** Check box if same as Applicant:

**Note:** The authorized representative is the person(s) or entity representing the applicant. As the authorized representative you have the proper authority to speak, represent and make commitments on behalf of the applicant. The City does not take any responsibility for the lack of communication between the authorized representative, applicant or related parties.

Name \_\_\_\_\_ Title \_\_\_\_\_ Company / Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Relationship to the Applicant: (e.g. legal counsel, engineer, architect, land planner, contractor, etc.) \_\_\_\_\_

**SUBMITTAL REQUIREMENTS**

**Instructions:** All blanks/boxes must be completed or checked in order for the application submittal to be considered complete. The submittal shall include the required number of copies (properly folded and collated) and contain all required supplementary documentation. Submitted materials shall be accurate, measurable and shall address all required checklist items contained within the attached supplemental requirements.

Fee Calculation	Submittal Items	(check box)
Application Fee: \$ 100.00	Completed Application (signed and notarized):	<input checked="" type="checkbox"/>
	Submittal Fee:	<input checked="" type="checkbox"/>
	Ten (10) Copies of Plans (folded and collated):	<input type="checkbox"/>

**PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)**

I GREG LAPS, the current property owner hereby authorize the applicant DAVE CROSBY to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize City representatives to visit and/or photograph the property described in this application.

Signature of Current Property Owner: [Signature] Date: 11/30/15

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 30 day of November, 2015.

[Signature]  
Official Seal and Signature of Notary Public

BRITTANY R. LAPPING  
NOTARY PUBLIC, STATE OF OHIO  
My Commission Expires 8/5/2020

**APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT**

I David Crosby, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: [Signature] Date: 11/29/15

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 29 day of November, 2015.

[Signature]  
Official Seal and Signature of Notary Public

JENNIFER CROSBY  
Notary Public, State of Ohio  
My Commission Expires 11-03-2018

<b>FOR OFFICE USE ONLY</b>		
DATE RECEIVED: <u>11/30/15</u>	RECEIVED BY: <u>[Signature]</u>	PAYMENT AMOUNT: <u>\$100.00</u>
TENTATIVE PC MEETING DATE: <u>1/5/16</u>	PC RECOMMENDATION:	CHECK NUMBER: <u>#2749</u>
PROJECT ID NUMBER: <u>201511900088</u>		

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