



PROJECT ID# \_\_\_\_\_

# Grove City Planning Commission PLAT APPLICATION

RECEIVED

MAR 11 2016

GC PLANNING COMMISSION

[grovecityohio.gov/development](http://grovecityohio.gov/development)

Please provide the requested information and submit to:

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

### PROJECT / PROPERTY INFORMATION

PROJECT NAME: MOUNT CARMEL GROVE CITY MEDICAL CENTER

PROJECT LOCATION: 5300 NORTH MEADOWS DRIVE

STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 040-004960-00

ACREAGE AFFECTED BY THIS APPLICATION: 75.388

EXISTING ZONING: M-1

EXISTING LAND USE: VACANT (FORMER GOLF COURSE)

PROPOSED ZONING: N/A

PROPOSED LAND USE: HOSPITAL

### PROPERTY OWNER INFORMATION

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

MOUNT CARMEL HEALTH SYSTEMS

6150 E BROAD STREET, 3RD FLOOR

COLUMBUS, OH 43213

Name

Address

City, State, Zip

(614) 546-4000

(614) 546-4586

[clagana@mchs.com](mailto:clagana@mchs.com)

Phone

Fax

Email

### APPLICANT INFORMATION

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

CHRIS LAGANA

Owner's Representative for Planning, Design & Construction

MOUNT CARMEL HEALTH SYSTEMS

Name

Title

Company / Organization

6150 E BROAD STREET, 3RD FLOOR

COLUMBUS

OH 43213

Address

City

State, Zip

(614) 546-4595

(614) 546-4586

[clagana@mchs.com](mailto:clagana@mchs.com)

Phone

Fax

Email

### 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.

CURTIS PRILL

PROJECT ENGINEER

EMH&T, INC

Name

Title

Company / Organization

5500 NEW ALBANY ROAD

COLUMBUS

OH, 43054

Address

City

State, Zip

(614) 775-4417

(614) 775-4800

[cprill@emht.com](mailto:cprill@emht.com)

Phone

Fax

Email

CIVIL ENGINEER

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 Engineering Review Fee is calculated in accordance with the City's [Fee Recovery Policy](#). 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:	\$ 50.00	Completed Application (signed and notarized):	<input checked="" type="checkbox"/>
Engineering Review Fee:	+ \$ 4673.28	Submittal Fee (including engineer review fee):	<input checked="" type="checkbox"/>
Total Submittal Fee:	= \$ 4723.28	Ten (10) Copies of Plans (folded and collated):	<input checked="" type="checkbox"/>

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

I Keith Coleman, CFO & SVP of Mount Carmel Health System, the current property owner hereby authorize the applicant Chris Lagana 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.

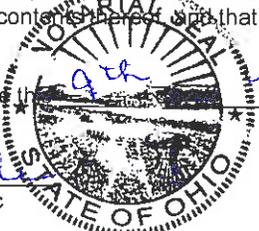
Signature of Current Property Owner: [Signature] Date: 3/9/16

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 9th day of March, 2016.  
Katherine J. Nickoli  
 Notary Public, State of Ohio  
 My Commission Expires 10-19-2018

[Signature]  
 Official Seal and Signature of Notary Public



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

I Curtis Prill, 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: 3/9/2016

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 9th day of March, 2016.

[Signature]  
 Official Seal and Signature of Notary Public



TRACY LYNN FOLTZ  
 NOTARY PUBLIC  
 STATE OF OHIO  
 Comm. Expires  
 August 19, 2019

FOR OFFICE USE ONLY		
DATE RECEIVED:	RECEIVED BY:	PAYMENT AMOUNT:
TENTATIVE PC MEETING DATE:	PC RECOMMENDATION:	CHECK NUMBER:
PROJECT ID NUMBER:	CITY'S REVIEW ENGINEER:	