



Grove City Planning Commission FINAL DEVELOPMENT PLAN APPLICATION

RECEIVED

MAR 28 2016

Please provide the requested information and submit to:

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

GC PLANNING COMMISSION
grovecityohio.gov/development

PROJECT / PROPERTY INFORMATION

PROJECT NAME: BETHEL LUTHERAN CHURCH COLUMBARIUM

PROJECT LOCATION: 4501 Hoover Road
STREET ADDRESS OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION

PARCEL ID NUMBER: 040-002913-00 ACREAGE AFFECTED BY THIS APPLICATION: 0

EXISTING ZONING: SD-1 EXISTING LAND USE: CHURCH

PROPOSED ZONING: _____ PROPOSED LAND USE: SAME

PROPERTY OWNER INFORMATION

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

BETHEL LUTHERAN CHURCH 4501 Hoover Road Grove City OH 43123
Name Address City, State, Zip

(614) 875-0510 _____ PASTORWISE@BETHEL-LUTHERAN.ORG
Phone Fax Email

APPLICANT INFORMATION

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

THE REV. JEFFREY WISE PASTOR BETHEL-LUTHERAN CHURCH
Name Title Company / Organization

4501 Hoover Rd. Grove City OHIO 43123
Address City State, Zip

(614) 875-0510 _____ PASTORWISE@BETHEL-LUTHERAN-ORG
Phone Fax Email

AUTHORIZED REPRESENTATIVE

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.

Check box if same as Applicant:

THE REV. PETER J. RAY Lead PASTOR BETHEL LUTHERAN CHURCH
Name Title Company / Organization

4501 Hoover Rd. Grove City OH. 43123
Address City State, Zip

(614) 875-0510 _____ PASTORRAY@BETHEL-LUTHERAN-ORG
Phone Fax Email

Colleague
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:	\$ 300.00	Completed Application (signed and notarized):	<input type="checkbox"/>
Engineering Review Fee:	+ \$ _____	Submittal Fee (including engineer review fee):	<input type="checkbox"/>
Total Submittal Fee:	= \$ _____	Ten (10) copies of plans (folded and collated):	<input type="checkbox"/>

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

I Bethel Lutheran Church, the current property owner hereby authorize the applicant The Rev. Jeffrey Wise 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: 3/29/16

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 _____ day of _____, 20____.

Official Seal and Signature of Notary Public

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I The Rev. Jeffrey N. Wise, 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: 3/28/16

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 28 day of March, 2016.

[Signature]
Official Seal and Signature of Notary Public

CATHY TALLMAN
[Signature]
Notary Public, State of Ohio
My commission expires 7-19-16
Section 147.03-RC

FOR OFFICE USE ONLY		
DATE RECEIVED: <u>03-28-16</u>	RECEIVED BY: <u>mb</u>	PAYMENT AMOUNT: <u>\$300.00</u>
TENTATIVE PC MEETING DATE: <u>5/3/16</u>	PC RECOMMENDATION:	CHECK NUMBER: <u>10882</u>
PROJECT ID NUMBER: <u>201603280019</u>	CITY'S REVIEW ENGINEER	