



Grove City Planning Commission FINAL DEVELOPMENT PLAN APPLICATION

Please provide the requested information and submit to:

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

grovecityohio.gov/development

PROJECT / PROPERTY INFORMATION

PROJECT NAME: STORYPOINT OF GROVE CITY

PROJECT LOCATION: 3717 ORDERS ROAD
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 160-003084 ACREAGE AFFECTED BY THIS APPLICATION: 15.97 ACRES

EXISTING ZONING: PUD EXISTING LAND USE: AGRICULTURE

PROPOSED ZONING: _____ PROPOSED LAND USE: SENIOR HOUSING

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: GROVE CITY CARE 2015, LLC Address: 2200 GEMMA BUSINESS PARK DRIVE, BRIGHTON, MI 48114

Phone: 419-340-7817 Fax: _____ Email: AKEMOUR@STORYPOINT.COM

APPLICANT INFORMATION

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

Name: SCOTT DEISLER Title: ARCHITECT Company / Organization: PH7 ARCHITECTS

Address: 448 W NATIONWIDE BLVD COLUMBUS State, Zip: OH 43215

Phone: 614-459-2955 Fax: 614 455 2955 Email: sdeisler@ph7architects.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 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:	+ \$ <u>N/A</u>	Submittal Fee (including engineer review fee):	<input type="checkbox"/>
Total Submittal Fee:	= \$ <u>300.00</u>	Ten (10) copies of plans (folded and collated):	<input type="checkbox"/>

RECEIVED

APR 04 2016

COMPLIMENTARY COMMISSION

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

I AARON SEYMOUR, the current property owner hereby authorize the applicant PH7 ARCHITECTS 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: 4.4.16
MICHIGAN LIVINGSTON
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 4 day of April, 2016
[Signature]
Official Seal and Signature of Notary Public
CANDY M. SCHARNWEBER
NOTARY PUBLIC, STATE OF MI
COUNTY OF CLINTON
MY COMMISSION EXPIRES Sep 3, 2017
ACTING IN COUNTY OF Franklin

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I SCOTT DEISLER, 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: 4/9/16
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 9 day of April, 2016
[Signature]
Official Seal and Signature of Notary Public
MARY D. CUNNINGHAM
Notary Public, State of Ohio
My Commission Expires 12.9.20

FOR OFFICE USE ONLY		
DATE RECEIVED: <u>4/4/16</u>	RECEIVED BY: <u>mh</u>	PAYMENT AMOUNT: <u>\$ 300.00</u>
TENTATIVE PC MEETING DATE: <u>5/3/16</u>	PC RECOMMENDATION:	CHECK NUMBER: <u>3818</u>
PROJECT ID NUMBER: <u>201604040024</u>	CITY'S REVIEW ENGINEER:	