



**Grove City Planning Commission  
SPECIAL USE PERMIT APPLICATION**

RECEIVED

APR 08 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](http://grovecityohio.gov/development)

**PROJECT / PROPERTY INFORMATION**

PROJECT NAME: Circle K #5266

PROJECT LOCATION: 3034 London-Groveport Rd.

PARCEL ID NUMBER: \_\_\_\_\_ 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	Address	City, State, Zip
Phone	Fax	Email

**APPLICANT INFORMATION**

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

Name	Title	Company / Organization
Address	City	State, Zip
Phone	Fax	Email

Ben Mayo Market Manager Circle K  
3043 London Groveport Rd. Grove City Ohio 43123  
740-601-2140 rlmayo@circlek.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

Same as above

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 type="checkbox"/>
		Submittal Fee:	<input type="checkbox"/>
		Ten (10) Copies of Plans (folded and collated):	<input type="checkbox"/>

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

I \_\_\_\_\_, the current property owner hereby authorize the applicant \_\_\_\_\_ 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: \_\_\_\_\_ Date: \_\_\_\_\_

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 Ron Mays, 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: Ron Mays Date: 4/8/16

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 8 day of April, 2016.

EWangler  
Official Seal and Signature of Notary Public



Emily D. Wangler  
Notary Public, State of Ohio  
My Commission Expires  
September 7, 2019

FOR OFFICE USE ONLY		
DATE RECEIVED: <u>4/8/16</u>	RECEIVED BY: <u>mh</u>	PAYMENT AMOUNT: <u>\$100.00</u>
TENTATIVE PC MEETING DATE	PC RECOMMENDATION.	CHECK NUMBER
PROJECT ID NUMBER <u>201604080026</u>		

**THE CITY OF GROVE CITY  
SUBMITTAL REQUIREMENTS: SPECIAL USE PERMIT**



The Planning Commission shall consider approval of applications for special permit uses and forward its recommendations to City Council for their consideration if the following findings are made by the Commission:

- the proposed use shall be harmonious with the existing or intended character of the district and nearby affected districts and shall not change the essential character of the districts;
- the proposed use shall not adversely affect the use of adjacent property;
- the proposed use shall not adversely affect the health, safety, morals, or welfare of persons residing or working in the neighborhood;
- the proposed use shall be in accordance with the general and specific objectives and the purpose and intent of the zoning code and land use plan and any other plans and ordinances of the City;
- the proposed use complies with the applicable specific provisions and standards of this Code;
- the proposed use shall be found to meet the definition and intent of a use specifically listed as a special use in the district in which it is proposed to be located;

**Please indicate below the type of Special Use Permit being requested:**

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Bookstore/Novelty Store  | <input type="checkbox"/> Dog and Cat Kennels   |
| <input type="checkbox"/> Adult Entertainment Establishments   | <input type="checkbox"/> Drive-Thru Stations   |
| <input type="checkbox"/> Adult Film and Video Tape Sales  | <input type="checkbox"/> Gasoline Service Stations   |
| <input type="checkbox"/> Adult Motion Picture Theater   | <input type="checkbox"/> Group Family Homes  |
| <input type="checkbox"/> Automobile and Other Motor Vehicle Repair, Services and Garages  | <input type="checkbox"/> Group Multi-Family Homes  |
| <input type="checkbox"/> Automobile Dealers   | <input type="checkbox"/> Mini-Storage Facility   |
| <input type="checkbox"/> Bed and Breakfast Inns   | <input type="checkbox"/> Outdoor Concerts  |
| <input type="checkbox"/> Boarding Houses  | <input checked="" type="checkbox"/> Outdoor Sales and Storage  |
| <input type="checkbox"/> Car Wash Establishments  | <input type="checkbox"/> Outdoor Seating (eating establishments)   |
| <input type="checkbox"/> Daycare Centers  | <input type="checkbox"/> Pet shops (excludes boarding)   |
| <input type="checkbox"/> Dealers in New and Used motorcycle, motorized bicycle, tricycle and off-road motorized recreational vehicles | <input type="checkbox"/> Radio and television antenna or antenna tower (only in IND-1, IND-2, IND-3 or SD-4 District). |
|   | <input type="checkbox"/> Sale, rental, barter or trade of weapons/explosives   |

PLEASE SUBMIT THE FOLLOWING FOR INITIAL STAFF REVIEW: All plans shall be stapled, folded and properly collated. In addition, staff may later request plans that incorporate review comments.

- One (1) original, signed application and nine (9) copies
- Appropriate fee (\$100)
- Ten (10) copies of the project narrative describing the nature of the project
- One (1) electronic copy of all application materials submitted on CD or DVD – all electronic data shall be compatible with Adobe Reader 5.0 or later
- Ten (10) copies of a metes and bounds legal description of the property
- Nine (9) copies (maximum sheet size 24 x 36) and one (1) copy (8½ x 14) of the survey drawing of the property
- If applicable, ten (10) copies of the proposed Development Standards Text
- If applicable, provide nine (9) copies (sheet size 11 x 17) and one (1) copy (sheet size 8½ x 14) site plan showing improvements associated with Special Use
- Please note the following:** Twenty (20) additional copies of revised submittals are required for the Planning Commission hearing

For additional information, contact the Grove City Development Department at 614-277-3004 or visit our website at [www.grovecityohio.gov/development](http://www.grovecityohio.gov/development).