



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

## PROJECT / PROPERTY INFORMATION

PROJECT NAME: Pinnacle Club

PROJECT LOCATION: \_\_\_\_\_  
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: \_\_\_\_\_ ACREAGE AFFECTED BY THIS APPLICATION: \_\_\_\_\_

EXISTING ZONING: PUD EXISTING LAND USE: RESIDENTIAL

PROPOSED ZONING: PUD PROPOSED LAND USE: RESIDENTIAL

## PROPERTY OWNER INFORMATION

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

Pinnacle Land Holdings LLC 1500 Pinnacle Club Drive 43123  
Name Address City, State, Zip  
614-207-7607 Phone Fax Email  
Ciminellos@aol.com

## APPLICANT INFORMATION

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

Joseph A Ciminellos MEMBER Pinnacle Land Holdings LLC  
Name Title Company / Organization  
1500 Pinnacle Club Drive Grove City, Ohio 43123  
Address City State, Zip  
614-207-7607 Phone Fax Email  
Ciminellos@aol.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.

NA  
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:	+ \$ _____	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 \_\_\_\_\_, 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 JOSEPH A Cimino, 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: 6-28-2016

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 28<sup>th</sup> day of June, 2016.

Jennifer L. Uhrin  
Official Seal and Signature of Notary Public



Jennifer L. Uhrin  
Notary Public, State of Ohio  
My Commission Expires 07-07-2018

FOR OFFICE USE ONLY		
DATE RECEIVED: <u>6/28/16</u>	RECEIVED BY: <u>mh</u>	PAYMENT AMOUNT: <u>\$300.00</u>
TENTATIVE PC MEETING DATE: <u>7/5/16</u>	PC RECOMMENDATION:	CHECK NUMBER: <u>1332</u>
PROJECT ID NUMBER: <u>201606280044</u>	CITY'S REVIEW ENGINEER:	