



PROJECT ID# _____

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: Fairfield Inn + Suites Site Plan

PROJECT LOCATION: Buckeye Place
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 040-014583-00 ACREAGE AFFECTED BY THIS APPLICATION: 2.214 Acres

EXISTING ZONING: PUD-R EXISTING LAND USE: Vacant lot

PROPOSED ZONING: PUD-R PROPOSED LAND USE: New Hotel

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: Ascent Hospitality GC, Inc. Address: 160 Southgate Ave., Suite A City, State, Zip: Town City, Iowa 52240

Phone: 319-750-4820 Fax: _____ Email: rai_hotel@hawkeyehotels.com

APPLICANT INFORMATION

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

Name: Keith Schnipple Title: Project Manager Company/Organization: Schnipple Construction, Inc.

Address: 302 N. Main St. City: Bothins State, Zip: Ohio 45306

Phone: 937-693-3831 Fax: 937-693-6481 Email: Keith@schnippleconstruction.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: Jeffrey S. Puthoff Title: Project Manager Company/Organization: Choice One Engineering

Address: 440 E. Homsher Rd. City: Sidney State, Zip: Ohio 45365

Phone: 937-497-0200 Fax: _____ Email: jsp@choiceoneengineering.com

Relationship to the Applicant: Engineer

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
Application Fee:	\$ 300.00
Engineering Review Fee:	+ \$ _____
Total Submittal Fee:	= \$ _____

Submittal Items	(check box)
Completed Application (signed and notarized):	<input type="checkbox"/>
Submittal Fee (including engineer review 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, Balvant Patel, the current property owner hereby authorize the applicant Keith Schnipple 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: Balvant Patel Date: June/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 23rd day of June, 2016.

Elizabeth Garr
Official Seal and Signature of Notary Public



APPLICANT'S AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I, Keith Schnipple, 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.

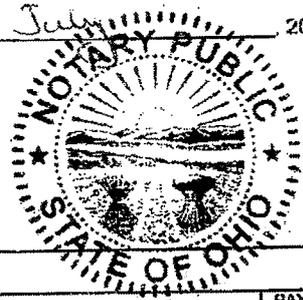
Signature of Applicant or Authorized Representative: Keith Schnipple Date: 6/23/16

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 23 day of July, 2016.

Tracy Cooper
Official Seal and Signature of Notary Public



TRACY COOPER
Notary Public, State of Ohio
My Comm. Expires Oct 18, 2017

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:	