



CITY OF GROVE CITY
 4035 Broadway
 Grove City, Ohio 43123
 (614) 277-3000
 Fax (614) 277-3011
 www.ci.grove-city.oh.us

**PRELIMINARY DEVELOPMENT PLAN
 APPLICATION
 FEE \$150.00**

Date Submitted _____

PROJECT INFORMATION		
PROJECT NAME <i>WOODSIDE AT HOLTAN RUN</i>		
PROPERTY LOCATION/ADDRESS <i>EDGARTON DRIVE AND DEMOREST DRIVE</i>		
PARCEL TAX ID # <i>040-009244-00</i>		
EXISTING ZONING <i>PUD-R</i>	PROPOSED ZONING <i>PUD-R</i>	
PROPERTY OWNER(S) <i>HOMWOOD CORPORATION</i>		
MAILING ADDRESS <i>2700 E. DUBLIN GRANVILLE ROAD, COLUMBUS, OH 43231</i>		
DAYTIME TELEPHONE <i>(614) 898-7200</i>	FAX NUMBER <i>(614) 898-7210</i>	E-MAIL <i>JLIPNOS@HOMWOODCORP.COM</i>

APPLICANT/AGENT		
NAME OF APPLICANT <i>HOMWOOD CORP.</i>		
MAILING ADDRESS <i>2700 E. DUBLIN GRANVILLE RD., COLUMBUS, OH 43231</i>		
DAYTIME TELEPHONE <i>(614) 898-7200</i>	FAX NUMBER <i>(614) 898-7210</i>	E-MAIL <i>JLIPNOS@HOMWOODCORP.COM</i>
DESIGNATED CONTACT PERSON <i>JIM LIPNOS</i>	DAYTIME TELEPHONE <i>(614) 496-1421 (MOBILE)</i>	

I, *Jim Lipnos*, the applicant or the applicant's duly authorized agent, have read and understand the contents of this submittal. The information contained, including attached exhibits, is complete and true/correct, to the best of my knowledge. A completed checklist and required checklist items accompanies this application.

Site visits to the property may be necessary by City representatives. The Owner/Applicant hereby authorizes representatives to visit and/or photograph the property described in this application.

Signature of Applicant *[Signature]* Date *6-24-16*

Signature of Owner *[Signature]* Date *6-24-16*

FOR OFFICE USE ONLY		
DATE RECEIVED	PAYMENT RECEIVED/AMOUNT	CHECK NUMBER
RECEIVED BY	DATE SCHEDULED FOR PC	TEXT INCLUDED YES NO
PROJECT ID #	PLANNING COMMISSION ACTION APPROVED DISAPPROVED	