



Grove City Planning Commission
SPECIAL USE PERMIT APPLICATION

Please provide the requested information and submit to:

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

RECEIVED
 JUN 28 2016
 GC grovecityohio.gov/development

PROJECT / PROPERTY INFORMATION

PROJECT NAME: Premier Audio
 PROJECT LOCATION: 3194 Broadway
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)
 PARCEL ID NUMBER: 040-001276 ACREAGE AFFECTED BY THIS APPLICATION: _____
 EXISTING ZONING: B 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.
CLAO ALLIANCE LLC P.O. Box 113 BLADUICK, OHIO 43004
 Name Address City, State, Zip
(614) 206-1432 _____ SCHERLWILSON@hotmail.com
 Phone Fax Email

APPLICANT INFORMATION

Note: The applicant is the person(s) or entity seeking approval of this application.
Spencer Rice Owner Premier Audio LLC
 Name Title Company / Organization
3194 Broadway Grove City OH, 43123
 Address City State, Zip
(614) 716-9925 _____ premier_audio@yahoo.com
 Phone Fax Email

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 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 CLAD Alliance, LLC., the current property owner hereby authorize the applicant Premier Audio LLC. 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.

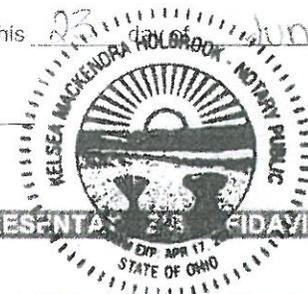
Signature of Current Property Owner: By: [Signature] CLAD Alliance LLC. Managing Member Date: 6/23/16

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 June, 2016.

[Signature]
Official Seal and Signature of Notary Public



APPLICANT'S / AUTHORIZED REPRESENTATIVE AFFIDAVIT

I Spencer Rice, 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: 6-28-16

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 28 day of June, 2016.

[Signature]
Official Seal and Signature of Notary Public



TIFFANY RAINFORD
Notary Public, State of Ohio
My Commission Expires Oct. 21 2019

FOR OFFICE USE ONLY		
DATE RECEIVED: <u>6/28/16</u>	RECEIVED BY: <u>mh</u>	PAYMENT AMOUNT: <u>\$100.00</u>
TENTATIVE PC MEETING DATE: <u>8/2/16</u>	PC RECOMMENDATION:	CHECK NUMBER: <u>1179</u>
PROJECT ID NUMBER: <u>201606280045</u>		