



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



SPECIAL USE PERMIT
 APPLICATION
 FEE \$100.00

Date Submitted _____

PROJECT INFORMATION

BUSINESS NAME <i>Integrity Plus Autobody Collision and Specialties LLC</i>		
BUSINESS ADDRESS <i>6157 ENTERPRISE Pkwy Grove City OH 43123</i>		
PARCEL TAX ID # <i>040-005812-00</i>		
EXISTING ZONING <i>LIGHT IND</i>		
PROPERTY OWNER(S) <i>CCW Holding LLC</i>		
MAILING ADDRESS <i>6137 ENTERPRISE Pkwy Grove City OH 43123</i>		
DAYTIME TELEPHONE <i>(614) 539-7587</i>	FAX NUMBER <i>(614) 539-7588</i>	E-MAIL <i>integrityautobody@sbcglobal.net</i>

APPLICANT/AGENT

NAME OF APPLICANT <i>JR GRAHAM</i>		
MAILING ADDRESS <i>6137 ENTERPRISE Pkwy Grove City OH 43123</i>		
DAYTIME TELEPHONE <i>(614) 539-7587</i>	FAX NUMBER <i>(614) 539-7588</i>	E-MAIL <i>same ↑</i>
DESIGNATED CONTACT PERSON <i>JR GRAHAM</i>	DAYTIME TELEPHONE <i>(614) 539-7587</i>	

I, JR GRAHAM, 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. This request conforms to the requirements of Section 1135.08.

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 7-11-16

Signature of Owner *[Signature]* Date 7-11-16

FOR OFFICE USE ONLY

DATE RECEIVED <i>7/15/16</i>	PAYMENT RECEIVED/AMOUNT <i>\$ 100.00</i>	CHECK NUMBER <i>8488</i>
RECEIVED BY <i>mh</i>	DATE SCHEDULED FOR PLANNING COMMISSION	
PROJECT ID # <i>201607150046</i>	PLANNING COMMISSION ACTION APPROVED _____ DISAPPROVED _____	