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: OhioHealth Grove City Medical Center

PROJECT LOCATION: 1345, 1351, 1393 Stringtown Road, Grove City, Ohio
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 160-00134 - 160-000186 **ACREAGE AFFECTED BY THIS APPLICATION:** 22 acres

EXISTING ZONING: M1 - Medical **EXISTING LAND USE:** Vacant

PROPOSED ZONING: _____ **PROPOSED LAND USE:** Medical Center

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	Address	City, State, Zip
OhioHealth Corporation	180 E. Broad Street	Columbus, Ohio 43215
Phone	**Fax**	**Email**
614-562-6209		

APPLICANT INFORMATION

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

Name	Title	Company / Organization
Roland Tokarski		OhioHealth Corporation
Address	**City**	**State, Zip**
180 E. Broad Street	Columbus	Ohio, 43215
Phone	**Fax**	**Email**
614-562-6209		

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
Todd Sloan	Executive Vice President	The Daimler Group, Inc.
Address	**City**	**State, Zip**
1533 Lake Shore Drive	Columbus	Ohio, 43204
Phone	**Fax**	**Email**
614-488-4424	614-488-0603	todds@daimlergroup.com

Contractor

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):	☒
Engineering Review Fee:	+ $	2,550.00	Submittal Fee (including engineer review fee):	☒
Total Submittal Fee:	= $	2,850.00	Ten (10) copies of plans (folded and collated):	☒

PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)

I Roland Tokarski, the current property owner hereby authorize the applicant Todd Sloan 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: 8/2/16

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 2 day of August, 2016.

Official Seal and Signature of Notary Public

NOTARIAL SEAL STATE OF OHIO

TERESA A QUINTO
Notary Public, State of Ohio
My Commission Expires 09-25-18

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I TODD SLOAN, 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: _____ Date: 8/2/16

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 2 day of August, 2016.

Official Seal and Signature of Notary Public

NOTARIAL SEAL STATE OF OHIO

JESSICA CORRIS
Notary Public, State of Ohio
My Commission Expires 12-04-2018

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:	