



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: Trivium Grove City MOB

PROJECT LOCATION: N. Meadows Drive Gateway Business Park
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 040-015419-00 ACREAGE AFFECTED BY THIS APPLICATION: 4.3

EXISTING ZONING: PUD-I EXISTING LAND USE: Vacant

PROPOSED ZONING: PUD-I PROPOSED LAND USE: 40,000 square foot medical office building

PROPERTY OWNER INFORMATION

Note: Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office.

<u>Trivium Grove City LLC</u>	<u>210 N. Lazelle Street</u>	<u>Columbus, Ohio 43215</u>
Name	Address	City, State, Zip
<u>614-545-7979</u>		<u>tim@triviumdevelopment.com</u>
Phone	Fax	Email

APPLICANT INFORMATION

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

<u>Tim Spencer</u>	<u>Managing Member</u>	<u>Trivium Grove City LLC</u>
Name	Title	Company / Organization
<u>Same as above</u>		
Address	City	State, Zip
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 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):	<input type="checkbox"/>
Engineering Review Fee:	+ \$ <u>\$1,650.00</u>	Submittal Fee (including engineer review fee):	<input type="checkbox"/>
Total Submittal Fee:	= \$ <u>\$1,950.00</u>	Ten (10) copies of plans (folded and collated):	<input type="checkbox"/>

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

I Trivium Grove City LLC / Tim Spencer, the current property owner hereby authorize the applicant Tim Spencer 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: [Signature] Date: 10/31/16

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 31st day of October, 2016

[Signature]
Official Seal and Signature of Notary Public



JEFFREY RUSH
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
08-23-2021

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I Tim Spencer, 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: 10/31/16

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 31 day of October, 2016

[Signature]
Official Seal and Signature of Notary Public



JEFFREY RUSH
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
08-23-2021

FOR OFFICE USE ONLY

DATE RECEIVED: 10/31/16	RECEIVED BY: MH	PAYMENT AMOUNT: \$1,950.00
TENTATIVE PC MEETING DATE: 12/06/16	PC RECOMMENDATION:	CHECK NUMBER: 1006 - 1007
PROJECT ID NUMBER: 201610310076	CITY'S REVIEW ENGINEER: EMH & T	