



CITY OF GROVE CITY  
 4035 Broadway  
 Grove City, Ohio 43123  
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[www.ci.grove-city.oh.us](http://www.ci.grove-city.oh.us)



SPECIAL USE PERMIT  
 APPLICATION  
 FEE \$100.00

Date Submitted 11/10/16

| PROJECT INFORMATION                 |                                      |        |
|-------------------------------------|--------------------------------------|--------|
| BUSINESS NAME                       | DISCOUNT DRUG MART                   |        |
| BUSINESS ADDRESS                    | 2290 STRINGTOWN RD.                  |        |
| PARCEL TAX ID #                     | 040-004289                           |        |
| EXISTING ZONING                     | C-2                                  |        |
| PROPERTY OWNER(S)                   | DISCOUNT DRUG MART, INC.             |        |
| MAILING ADDRESS                     | 211 COMMERCE DRIVE, MEDINA, OH 44256 |        |
| DAYTIME TELEPHONE<br>(330) 725-2340 | FAX NUMBER<br>( )                    | E-MAIL |

| APPLICANT/AGENT                            |   |   |
|--|---|---|
| NAME OF APPLICANT                          | DAVID BOODJEH                                 |   |
| MAILING ADDRESS                            | 211 COMMERCE DR. MEDINA, OH 44256             |   |
| DAYTIME TELEPHONE<br>330-725-2340 x 87026  | FAX NUMBER<br>330-722-2990                    | E-MAIL<br>daveboodjeh@discount-drugmart.com |
| DESIGNATED CONTACT PERSON<br>DAVID BOODJEH | DAYTIME TELEPHONE<br>( ) 330-725-2340 x 87026 |   |

I, David Boodjeh DAVID BOODJEH, 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 \_\_\_\_\_

Signature of Owner [Signature] Date 11/2/2016

| FOR OFFICE USE ONLY                 |  |                               |
|-------------------------------------|--|-------------------------------|
| DATE RECEIVED<br><u>11/10/16</u>    | PAYMENT RECEIVED/AMOUNT<br><u>mk</u>                           | CHECK NUMBER<br><u>915645</u> |
| RECEIVED BY<br><u>mk</u>            | DATE SCHEDULED FOR PLANNING COMMISSION<br><u>12/6/16</u>       |                               |
| PROJECT ID #<br><u>201611100080</u> | PLANNING COMMISSION ACTION<br>APPROVED _____ DISAPPROVED _____ |                               |