



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: MMFCC, LLC Office Building
 PROJECT LOCATION: Gantz Rd. .2 mi south of Home Rd. / Marlane Dr.
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)
 PARCEL ID NUMBER: 04-007215-00 ACREAGE AFFECTED BY THIS APPLICATION: 1.61
 EXISTING ZONING: Professional Services EXISTING LAND USE: vacant
 PROPOSED ZONING: Professional Services PROPOSED LAND USE: 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.
 Name: Pizzuti Address: 629 North High St. Ste 500 Columbus, OH 43215
 City, State, Zip
 Phone: (614) 280-4008 Fax: _____ Email: prasey@pizzuti.com

APPLICANT INFORMATION

Note: The applicant is the person(s) or entity seeking approval of this application.
 Name: Susie Fox Title: member Company / Organization: MMFCC, LLC
 Address: 214 Southwest Blvd. Grove City City: _____ State, Zip: OH, 43123
 Phone: (740) 248-3813 Fax: _____ Email: sfox@corvusjanitorial.com

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: David Hawkins Title: Architect Company / Organization: Eutechnics Building Design
 Address: 2609 Elliott Ave. Columbus City: _____ State, Zip: OH 43204
 Phone: (614) 582-5954 Fax: _____ Email: sabohawk@yahoo.com
 Relationship to the Applicant: architect
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: | + \$ _____ | Submittal Fee (including engineer review fee): | <input type="checkbox"/> |
| Total Submittal Fee: | = \$ _____ | Ten (10) copies of plans (folded and collated): | <input type="checkbox"/> |

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

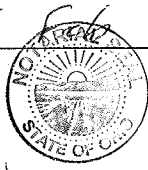
I Pizzati Lawn LLC, the current property owner hereby authorize the applicant MM FCC, LLC to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

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: *Phil Pizzati* Date: 2/21/18

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 20 day of Feb 2018 **ANDREW M. MERRILL**
Andrew M. Merrill
Official Seal and Signature of Notary Public  Notary Public, State of Ohio
My Commission Expires 4/3/18


Applicant's/Authorized Representative's Affidavit

I Susie Fox, 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: *Susie Fox* Date: 2.21.18

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 21st day of February, 2018
 *Amy C. Dow*
Official Seal and Signature of Notary Public. **DOW**
Notary Public, State of Ohio
My Commission Expires
May 9, 2020

| 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: | |