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AUG 28 2015
GC PLANNING COMMISSION

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

**DEVELOPMENT PLAN
 APPLICATION
 FEE \$300.00**

Date Submitted _____

PROJECT INFORMATION		
PROJECT NAME A145 BUCKEYE PKWY		
PROPERTY LOCATION/ADDRESS A145 BUCKEYE PKWY		
PARCEL TAX ID # 040-014312-00		
EXISTING ZONING C-2	PROPOSED ZONING C-2	
PROPERTY OWNER(S) MULAN LLC		
MAILING ADDRESS 12995 STOECKREEK DR.		
DAYTIME TELEPHONE (614) 404-5304	FAX NUMBER ()	E-MAIL TYHANG232@GMAIL.COM

APPLICANT/AGENT		
NAME OF APPLICANT RED ARCHITECTURE + PLANNING		
MAILING ADDRESS 855 GRANDVIEW AVE., COL. OH 43125		
DAYTIME TELEPHONE () 614. 487. 8770	FAX NUMBER () 614. 487. 8777	E-MAIL RZINN@REDARCHITECTS.COM
DESIGNATED CONTACT PERSON RONALD ZINN	DAYTIME TELEPHONE () 614-487-8770	

I, **RONALD ZINN**, 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. A completed checklist and required checklist items accompanies this application.

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: **Ronald Zinn** Date: **8/27/15**

Signature of Owner: **Tom Way** Date: **8/27/15**

FOR OFFICE USE ONLY			
DATE RECEIVED	PAYMENT RECEIVED/AMOUNT	RECEIVED BY	CHECK #
DATE SCHEDULED FOR PC	APPROVED PLAN ATTACHED YES ___ NO ___	TEXT INCLUDED YES ___ NO ___	
PROJECT ID #	PLANNING COMMISSION ACTION APPROVED _____ DISAPPROVED _____		