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GC PLANNING COMMISSION

PROJECT ID# \_\_\_\_\_

# Grove City Planning Commission

## PRELIMINARY 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](http://grovecityohio.gov/development)

### PROJECT / PROPERTY INFORMATION

PROJECT NAME: Trail View Run

PROJECT LOCATION: 1421 Borrow Rd. & 1399 Borrer Rd.

STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

160-000063-00, 160-000187-00 & 160-003073-00  
PARCEL ID NUMBER: \_\_\_\_\_ ACREAGE AFFECTED BY THIS APPLICATION: 48.5

EXISTING ZONING: RA EXISTING LAND USE: Agriculture

PROPOSED ZONING: PUDR PROPOSED LAND USE: Residential & Parkland

### PROPERTY OWNER INFORMATION

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

Mildred A. TR Christian Estate 1421 Borrer Rd. Grove City, OH 43123  
Name Address City, State, Zip

Phone Fax Email

### APPLICANT INFORMATION

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

Karl Billisits Partner Harmony Development Group  
Name Title Company / Organization

3650 Olentangy River Rd., Ste. 401 Columbus Ohio, 43214  
Address City State, Zip

614-774-0320 KBillisits@harmonydg.com  
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.

Karl Billisits  
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:  
Engineering Review Fee: See Attached

Total Submittal Fee: = \$ \_\_\_\_\_

Completed Application (signed and notarized):  Ten (10) Copies of Plans (folded and collated):   
 Submittal Fee (including engineer review fee):

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

I, Diane S Peurach, trustee the current property owner hereby authorize the applicant Karl Billisits 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: Diane S Peurach Date: 10/11/16

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 11<sup>th</sup> day of October, 2016

[Signature]  
 Official Seal and Signature of Notary Public

Anne Felder  
 Notary Public, Oakland County, MI  
 My Commission Expires May 3, 2019  
 Acting in the County of OAKLAND

**Applicant's / Authorized Representative's Affidavit**

I, Karl Billisits, 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: 10/7/16

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 7<sup>th</sup> day of October, 2016

[Signature]  
 Official Seal and Signature of Notary Public

  
 TONYA NEWSOM  
 Notary Public, State of Ohio  
 My Comm. Expires 06/17/2020

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	