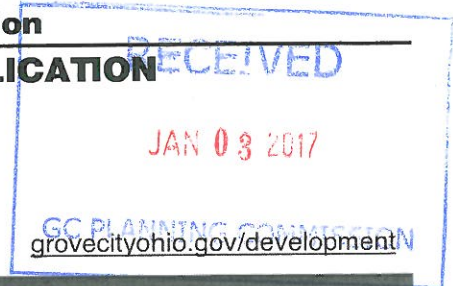




Grove City Planning Commission FINAL DEVELOPMENT PLAN APPLICATION



Please provide the requested information and submit to:

DEVELOPMENT DEPARTMENT
4035 BROADWAY
GROVE CITY, OHIO 43123
614-277-3004

PROJECT / PROPERTY INFORMATION

PROJECT NAME: Buckeye Grove Medical Office Building

PROJECT LOCATION: NEC Hoover Road & London-Groveport Road (SR 665)
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 040-010046-00 **ACREAGE AFFECTED BY THIS APPLICATION:** 1.25 acres

EXISTING ZONING: PUD-C Commercial **EXISTING LAND USE:** Undeveloped

PROPOSED ZONING: PUD-C Commercial **PROPOSED LAND USE:** Medical Office and Parking

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>Westfield Shopping Center, LLC</u>	<u>4270 Morse Road</u>	<u>Columbus, Ohio 43230</u>
Name	Address	City, State, Zip
<u>614.418.3100</u>		<u>petruziello@skilken.com</u>
Phone	Fax	Email

APPLICANT INFORMATION

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

<u>Frank Petruziello</u>	<u>President - Development</u>	<u>SkilkenGold Development, LLC</u>
Name	Title	Company / Organization
<u>4270 Morse Road</u>	<u>Columbus</u>	<u>Ohio 43230</u>
Address	City	State, Zip
<u>614.418.3100</u>		<u>petruziello@skilken.com</u>
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.

<u>Frank Petruziello</u>	<u>President - Development</u>	<u>SkilkenGold Development, LLC</u>
Name	Title	Company / Organization
<u>4270 Morse Road</u>	<u>Columbus</u>	<u>Ohio 43230</u>
Address	City	State, Zip
<u>614.418.3100</u>		<u>petruziello@skilken.com</u>
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: + \$ 1,550.00	Submittal Fee (including engineer review fee):	<input type="checkbox"/>
Total Submittal Fee: = \$ 1,850.00	Ten (10) copies of plans (folded and collated):	<input type="checkbox"/>

FRANK R. PETRAZZIELLO, the manager of
PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)

I, Westfield Shopping Center, LLC, the current property owner hereby authorize the applicant SkirkenGold Development 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: _____ Date: 1/3/17

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 3rd day of January, 2017.

 Official Seal and Signature of Notary Public



Frank R. Petrazziello, the authorized agent of
APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I, SkirkenGold Development, LLC, 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.

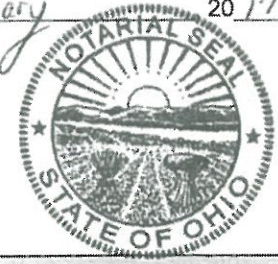
Signature of Applicant or Authorized Representative: _____ Date: 1/3/17

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 3rd day of January, 2017.

 Official Seal and Signature of Notary Public



AUDRAL TRAPP
 Notary Public, State of Ohio
 My Commission Expires
12/22/20

FOR OFFICE USE ONLY		
DATE RECEIVED: <u>01/03/17</u>	RECEIVED BY: <u>mh</u>	PAYMENT AMOUNT: <u>\$1,850.00</u>
TENTATIVE PC MEETING DATE: <u>02/07/17</u>	PC RECOMMENDATION:	CHECK NUMBER: <u>2245</u>
PROJECT ID NUMBER: <u>201701030001</u>	CITY'S REVIEW ENGINEER:	