



# 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

OCT 25 2017

[grovecityohio.gov/development](http://grovecityohio.gov/development)

### PROJECT / PROPERTY INFORMATION

PROJECT NAME: COMFORT INN ADDITION

PROJECT LOCATION: 4197 MARLANE DR  
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 040-005538-00 ACREAGE AFFECTED BY THIS APPLICATION: 1.3 to 1.6

EXISTING ZONING: \_\_\_\_\_ EXISTING LAND USE: \_\_\_\_\_

PROPOSED ZONING: \_\_\_\_\_ PROPOSED LAND USE: \_\_\_\_\_

### PROPERTY OWNER INFORMATION

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

BUSSEFUL CORP 970 S JEFFERSON AVE COOKEVILLE, TN 38501  
Name Address City, State, Zip

931-528-0008 931-528-0011 neile@imagehotelmanagement.com  
Phone Fax Email

### APPLICANT INFORMATION

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

John Davis Project Manager Winesburg Builders  
Name Title Company / Organization

PO Box 276 Winesburg OH 44690  
Address City State, Zip

419-699-7851 855-274-1240 john@winesburgbuilders.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.

BALLUBHAZ R. PATEL V.P. BUSSEFUL CORP  
Name Title Company / Organization

4197 marlane dr GROVE CITY OH 43123  
Address City State, Zip

614-937-6200 614-539-6211  
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:	+ \$ _____	Submittal Fee (including engineer review fee):	<input type="checkbox"/>
Total Submittal Fee:	= \$ <u>500.00</u>	Ten (10) copies of plans (folded and collated):	<input type="checkbox"/>

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

I BALLUBHAI PATEL For Bilisful Corp the current property owner hereby authorize the applicant John E Davis / Windows Builders 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: Ballubhai R. Patel. Date: 10-24-17

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 24th day of Oct, 2017.

[Signature]  
Official Seal and Signature of Notary Public



AMANDA LIOSIS-BEVERS  
Notary Public, State of Ohio  
My Commission Expires  
March 20, 2021

**APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT**

I John E Davis, 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: 10-24-17

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 24th day of Oct, 2017.

[Signature]  
Official Seal and Signature of Notary Public



AMANDA LIOSIS-BEVERS  
Notary Public, State of Ohio  
My Commission Expires  
March 20, 2021

FOR OFFICE USE ONLY		
DATE RECEIVED: <u>10/25/17</u>	RECEIVED BY: <u>mk</u>	PAYMENT AMOUNT: <u>\$500.00</u>
TENTATIVE PC MEETING DATE: <u>12/5/17</u>	PC RECOMMENDATION:	CHECK NUMBER: <u>cash</u>
PROJECT ID NUMBER: <u>201710250093</u>	CITY'S REVIEW ENGINEER:	