



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

### PROJECT / PROPERTY INFORMATION

PROJECT NAME: William A. Quinn - Addition

PROJECT LOCATION: 4401 Broadway, Grove City Ohio  
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 040-014495      ACREAGE AFFECTED BY THIS APPLICATION: 0.38 Acres

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.

|       |         |                  |
|-------|---------|------------------|
| Name  | Address | City, State, Zip |
| Phone | Fax     | Email            |

### APPLICANT INFORMATION

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

|         |       |                        |
|---------|-------|------------------------|
| Name    | Title | Company / Organization |
| Address | City  | State, Zip             |
| 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.

|         |       |                        |
|---------|-------|------------------------|
| Name    | Title | Company / Organization |
| Address | City  | State, Zip             |
| Phone   | Fax   | Email                  |

Robert Bruce Faris      Architect      Design Futures, Inc

2402 Spring Cross      Grove City Ohio      43123

614-563-0208      \_\_\_\_\_      designfutures@sbcglobal.net

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 checked="" type="checkbox"/> |
| Engineering Review Fee: | + \$ 500        | Submittal Fee (including engineer review fee):  | <input checked="" type="checkbox"/> |
| Total Submittal Fee:    | = \$ 800.00     | Ten (10) copies of plans (folded and collated): | <input checked="" type="checkbox"/> |

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

I William A. Quinn, the current property owner hereby authorize the applicant Robert Bruce Faris 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: [Signature] Date: 11-22-17

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 22nd day of NOVEMBER, 2017.

[Signature]  
Official Seal and Signature of Notary Public



**KYNDRA S. DRUMMOND**  
**NOTARY PUBLIC**  
**STATE OF OHIO**

My Commission # 2016-RE-588951  
My Comm. Expires 05/19/2021

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

I Robert Bruce Faris, 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: 21 NOV 2017

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 21 day of November, 2017.

[Signature]  
Official Seal and Signature of Notary Public



**SAMANTHA J. LILES**  
Notary Public, State of Ohio  
My Comm. Expires 11-16-2021  
Recorded in the County of Franklin

**FOR OFFICE USE ONLY**

|   |                            |                                    |
|---|----------------------------|------------------------------------|
| DATE RECEIVED:<br><u>11/22/17</u>           | RECEIVED BY:<br><u>KES</u> | PAYMENT AMOUNT:<br><u>\$800.00</u> |
| TENTATIVE PC MEETING DATE:<br><u>1/2/18</u> | PC RECOMMENDATION:         | CHECK NUMBER:<br><u>14071</u>      |
| PROJECT ID NUMBER:<br><u>201711220037</u>   | CITY'S REVIEW ENGINEER:    |                                    |