



PROJECT ID# _____

Grove City Planning Commission **RECEIVED** PRELIMINARY DEVELOPMENT PLAN APPLICATION

JAN 22 2018

GC PLANNING COMMISSION

grovecityohio.gov/development

Please provide the requested information and submit to:

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

PROJECT / PROPERTY INFORMATION

PROJECT NAME: Homestead Senior Living

PROJECT LOCATION: Intersection of Hoover Road and Orders Road
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)

PARCEL ID NUMBER: 040-009224 / 04-009225 ACREAGE AFFECTED BY THIS APPLICATION: 4.37

EXISTING ZONING: SD-2 EXISTING LAND USE: Vacant

PROPOSED ZONING: PUD-R PROPOSED LAND USE: Independent Living Facility

PROPERTY OWNER INFORMATION

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

Grove City Church of the Nazarene	4770 Hoover Road	Grove City, Ohio 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.

AB Partners LLC

Name	Title	Company / Organization
369 E Livingston Ave	Columbus	Ohio 43215
Address	City	State, Zip
614-221-5400		
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.

William C. Andrews, AIA, ACHA	President	Andrews Architects
Name	Title	Company / Organization
6631 Commerce Parkway Studio B	Dublin	Ohio, 43017
Address	City	State, Zip
614-766-1117	614-766-2023	w.andrews@andrewsarchitects.com
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: \$ 150.00	Completed Application (signed and notarized):	<input type="checkbox"/>
Engineering Review Fee: + \$	Submittal Fee (including engineer review fee):	<input type="checkbox"/>
Total Submittal Fee: = \$ <u>150.00</u>	Ten (10) Copies of Plans (folded and collated):	<input type="checkbox"/>

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

I G. Dale Benson, President, Grove City Nazarene, the current property owner hereby authorize the applicant A B PARTNERS 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: [Signature] Date: 1/22/2018

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 January, 2018

[Signature]
Official Seal and Signature of Notary Public



KAYLA R FITZPATRICK
Notary Public State of Ohio
My Comm. Expires Feb. 28, 2022

Applicant's / Authorized Representative's Affidavit

I [Signature] SHITAL GALANT, 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: 01/22/2018

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 January, 2018.

[Signature]
Official Seal and Signature of Notary Public



MARY HAVENER
Notary Public, State of Ohio
My Commission Expires 02-05-2022

FOR OFFICE USE ONLY		
DATE RECEIVED: <u>1/22/18</u>	RECEIVED BY: <u>mh</u>	PAYMENT AMOUNT: <u>\$150.00</u>
TENTATIVE PC MEETING DATE: <u>3/6/19</u>	PC RECOMMENDATION:	CHECK NUMBER: <u>3</u>
PROJECT ID NUMBER: <u>201801220001</u>	CITY'S REVIEW ENGINEER: <u>EMHET</u>	