



**Grove City Planning Commission
LOT SPLIT APPLICATION**

Please provide the requested information and submit to:

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

grovecityohio.gov/development

PROJECT / PROPERTY INFORMATION

PROJECT NAME: Mount Carmel Grove City MOB

PROJECT LOCATION: Intersection- Hoover Rd to the North, about 2,700 feet from the center of this intersection following the centerline of North Meadows.
STREET ADDRESS OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION

PARCEL ID NUMBER: 040-015730-00 **ACREAGE AFFECTED BY THIS APPLICATION:** 0.976 acre

EXISTING ZONING: M1 - Medical **EXISTING LAND USE:** Not developed 0.977

PROPOSED ZONING: M1 - Medical **PROPOSED LAND USE:** Parking Lot for Medical Office Building

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>Mount Carmel Health System</u>	<u>6150 E Broad St.</u>	<u>Columbus, OH 43213</u>
Name	Address	City, State, Zip
<u>614-234-4071</u>	<u>614-234-5756</u>	<u>smckibben@mchs.com</u>
Phone	Fax	Email

APPLICANT INFORMATION

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

<u>Grove City MOB, LLC</u>	<u>Developer</u>	<u>N/A</u>
Name	Title	Company / Organization
<u>65 Hidden Ravines Drive Suite 100</u>	<u>Powell</u>	<u>OH, 43065</u>
Address	City	State, Zip
<u>614-486-9620</u>	<u>N/A</u>	<u>denny@hplex.com</u>
Phone	Fax	Email

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 and related parties.

AUTHORIZED REPRESENTATIVE Check box if same as Applicant

<u>Denny Freudeman</u>	<u>Authorized Officer</u>	<u>Grove City MOB, LLC</u>
Name	Title	Company / Organization
<u>65 Hidden Ravines Drive Suite 100</u>	<u>Powell</u>	<u>OH, 43065</u>
Address	City	State, Zip
<u>614-486-9620</u>	<u>N/A</u>	<u>denny@hplex.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 submittal shall include the required number of copies (property 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:	\$ 50.00	Completed Application (signed and notarized):	<input type="checkbox"/>
		Submittal Fee:	<input type="checkbox"/>
		Ten (10) copies of plans (folded and collated):	<input type="checkbox"/>

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

I, Sean McKibben, President and Chief Operating Officer, Mount Carmel Health System, the current property owner hereby authorize the applicant Grove City MOB, LLC, an Ohio limited liability company, 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: 5-24-18

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 24 day of May, 2018.

[Signature]
Official Seal and Signature of Notary Public

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I Denny Freudeman, Owner, Grove City MOB, LLC, an Ohio limited liability company, 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: 5/24/18

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 23 day of May, 2018.

[Signature]
Official Seal and Signature of Notary Public

Taylor Kilger
NOTARY PUBLIC
In and For the State of Ohio
My Commission Expires 2/20/2023

FOR OFFICE USE ONLY		
DATE RECEIVED:	RECEIVED BY:	PAYMENT AMOUNT:
TENTATIVE PC MEETING DATE:	PC RECOMMENDATION:	CHECK NUMBER:
PROJECT ID NUMBER:		

**THE CITY OF GROVE CITY
SUBMITTAL REQUIREMENTS: LOT SPLIT**



PLEASE SUBMIT THE FOLLOWING FOR INITIAL STAFF REVIEW: All plans shall be stapled, folded and properly collated. In addition, staff may later request plans that incorporate review comments.

- One (1) original, signed application and nine (9) copies
- Appropriate fee (\$50)
- Ten (10) copies of the project narrative describing the nature of the project
- One (1) electronic copy of all application materials submitted on CD or DVD – all electronic data shall be compatible with Adobe Reader 5.0 or later
- Ten (10) copies of a metes and bounds legal description of the property
- Nine (9) copies (maximum sheet size 24 x 36) and one (1) copy (8½ x 14) of the survey drawing of the property
- If applicable, ten (10) copies of the proposed Development Standards Text
- Please note the following:** Twenty (20) additional copies of revised submittals are required for the Planning Commission hearing

For additional information, contact the Grove City Development Department at 614-277-3004 or visit our website at www.grovecityohio.gov/development.