



Grove City Planning Commission

METHOD OF REZONING APPLICATION

Please provide the requested information and submit to:

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

grovecityohio.gov/development

TYPE OF REQUEST

Standard Rezoning
 PUD Rezoning
 Zoning Upon Annexation
 Use Approval

PROJECT / PROPERTY INFORMATION

PROJECT NAME: Ohio Addiction Recovery Center
PROJECT LOCATION: 3880 Jackpot Road, Grove City, Ohio 43123
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)
PARCEL ID NUMBER: 040-005972 **ACREAGE AFFECTED BY THIS APPLICATION:** 3.859
EXISTING ZONING: PUD-C **EXISTING LAND USE:** Vacant - former Harrison College
PROPOSED ZONING: PUD-C **PROPOSED LAND USE:** Addiction recovery facility
FUTURE LAND USE DESIGNATION: Commercial center

PROPERTY OWNER INFORMATION

Note: Property ownership information should reflect how the property is held in accordance with the Franklin County Auditor's Office.
CMS EDU II Grove City LP, 308 E. Lancaster Avenue, Suite 300, Wynnewood, PA 19096

Name	Address	City, State, Zip
(610) 896-3026		drodgers@MerionRealtyPartners.com
Phone	Fax	Email

APPLICANT INFORMATION

Note: The applicant is the person(s) or entity seeking approval of this application.
Ohio Addiction Recovery Center, LLC, Joshua Butcher, CEO

Name	Title	Company / Organization
1151 S. High Street	Columbus, Ohio 43206	
Address	City	State, Zip
(614) 586-6629		jbutcher@ohioarc.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 must have the legal 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
Timothy J. McGrath	Attorney	Strip, Hoppers, Leithart, McGrath & Terlecky Co.
575 South Third Street	Columbus, Ohio 43215	
Address	City	State, Zip
(614) 228-6345	(614) 228-6369	tjm@columbuslawyer.net
Phone	Fax	Email
Legal counsel		

Relationship to the Applicant: (e.g. legal counsel, engineer, architect, land planner, contractor, etc.)

FOR OFFICE USE ONLY		
DATE RECEIVED:	RECEIVED BY:	PAYMENT AMOUNT:
TENTATIVE PC MEETING DATE:	PC RECOMMENDATION:	CHECK NUMBER:
PROJECT ID NUMBER:	CITY'S REVIEW ENGINEER:	CITY'S PLAN REVIEW ENGINEER:
PLANNER IN CHARGE:		

ADDITIONAL PROJECT INFORMATION

PROJECT NAME: Ohio Addiction Recovery Center, LLC

DEVELOPMENT TYPE: Commercial Retail Commercial Office Residential Industrial Mixed Other

ACREAGE DISTURBED: 3.849 acres TOTAL FLOOR AREA: 20,000 square feet

NUMBER OF BUILDINGS: 1 BUILDING HEIGHT: No change

ESTIMATED NUMBER OF PERMANENT JOBS CREATED (IF APPLICABLE): 28 +

ESTIMATED VALUATION OF BUILDING IMPROVEMENTS: 500,000 ESTIMATED VALUATION OF SITE IMPROVEMENTS: U

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

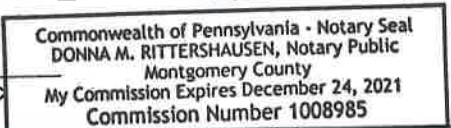
I, CMS EDU II Grove City LP, the current property owner hereby authorize the applicant Ohio Addiction Recovery Center, LLC to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

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: 3/29, 2019
PENNSYLVANIA DAVID ROBEY
STATE OF OHIO, COUNTY OF FRANKLIN- MONTGOMERY

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 29 day of March, 2019.

[Signature]
Official Seal and Signature of Notary Public


APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I, Ohio Addiction Recovery Center, 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: [Signature] Date: 4-2 2019
Joshua Butcher, CEO
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 29 day of APRIL, 2019.

[Signature]
Official Seal and Signature of Notary Public




PETITION TO CHANGE THE ZONING MAP OF THE CITY OF GROVE CITY

We, the undersigned, hereby request the rezoning of the following described property and petition for changing the Grove City Zoning map:


LOCATION OF PROPERTY: 3880 Jackpot Road

Grove City, Ohio 43123

EXISTING ZONING: PUD-C PROPOSED ZONING: PUD-C (use change)

PETITIONER NAME (PLEASE PRINT): Ohio Addiction Recovery Center, LLC


PETITIONER'S SIGNATURE:

 CEO
Josh Butcher

OWNER NAME (PLEASE PRINT):

CMS EDU II Grove City LP

OWNER'S SIGNATURE:


DAVID RODGERS

DATE:

April 2019