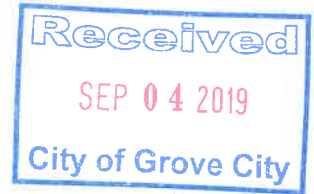




**Grove City Planning Commission
LOT SPLIT APPLICATION**

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: Pinnacle Golf Club Lot Split

PROJECT LOCATION: 1500 Pinnacle Club Drive
STREET ADDRESS OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION.

PARCEL ID NUMBER: 040-012705-00 ACREAGE AFFECTED BY THIS APPLICATION: 0.041 acres

EXISTING ZONING: C EXISTING LAND USE: 463 Golf Course

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.

Pinnacle Golf Club LLC 1500 Pinnacle Club Dr. Grove City, Oh 43123

Name _____ Address _____ City, State, Zip _____

614-207-7607 _____ Ciminello@aol.com

Phone _____ Fax _____ Email _____

APPLICANT INFORMATION

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

Same

Name _____ Title _____ Company / Organization _____

Address _____ City _____ State, Zip _____

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*

Joseph Ciminello Owner Ciminello's Inc.

Name _____ Title _____ Company / Organization _____

567 Lazelle Road Westerville Oh, 43081

Address _____ City _____ State, Zip _____

614-778-7743 _____ Ciminello@aol.com

Phone _____ Fax _____ Email _____

Owner

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 (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: \$ 50.00	Completed Application (signed and notarized):	<input checked="" type="checkbox"/>
	Submittal Fee:	<input checked="" type="checkbox"/>
	Ten (10) copies of plans (folded and collated):	<input checked="" type="checkbox"/>

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

I JOECIMIELLO, the current property owner hereby authorize the applicant _____ 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 enter, photograph and post notices on the property described in this application.

Signature of Current Property Owner: [Signature] Date: 9.4.19

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 4th day of September, 2019.

[Signature]
Official Seal and Signature of Notary Public



APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I CEO-ALEX BENSON, 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: 9/4/19

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 4th day of September, 2019.

[Signature]
Official Seal and Signature of Notary Public



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