



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: 0.034 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

<small>Name</small>	<small>Address</small>	<small>City, State, Zip</small>
<u>614-207-7607</u>		<u>Ciminello@aol.com</u>
<small>Phone</small>	<small>Fax</small>	<small>Email</small>

APPLICANT INFORMATION

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

Same

<small>Name</small>	<small>Title</small>	<small>Company / Organization</small>
<small>Address</small>	<small>City</small>	<small>State, Zip</small>
<small>Phone</small>	<small>Fax</small>	<small>Email</small>

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>Anthony Ciminello</u>	<u>Project Manager</u>	<u>Ciminello's Inc.</u>
<small>Name</small>	<small>Title</small>	<small>Company / Organization</small>
<u>567 Lazelle Road</u>	<u>Westerville</u>	<u>Oh, 43081</u>
<small>Address</small>	<small>City</small>	<small>State, Zip</small>
<u>614-207-7607</u>		<u>ciminelloj@aol.com</u>
<small>Phone</small>	<small>Fax</small>	<small>Email</small>
<u>Owner</u>		

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	<small>(check box)</small>
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 Anthony Liminello, the current property owner hereby authorize the applicant LESO Inc. 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: 1-15-2020

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 15 day of January, 20 20.

[Signature]
Official Seal and Signature of Notary Public



APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I Alex Benson (LESO INC), 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: 1/15/2020

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 15 day of January, 20 20.

[Signature]
Official Seal and Signature of Notary Public



FOR OFFICE USE ONLY

DATE RECEIVED: 01-15-20	RECEIVED BY: MH	PAYMENT AMOUNT: \$50.00
TENTATIVE PC MEETING DATE: 2-4-2020	PC RECOMMENDATION:	CHECK NUMBER: 1652
PROJECT ID NUMBER: 202001150001		