



**CITY OF DUBLIN.**

Land Use and  
Long Range Planning  
5800 Shier-Rings Road  
Dublin, Ohio 43016-1236

Phone/ TDD: 614-410-4600  
Fax: 614-410-4747  
Web Site: www.dublin.oh.us

# Certificate of Zoning Plan Approval

APPLICATION # \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

RESUBMISSION  YES  NO

**PLEASE SUBMIT THE FOLLOWING:**

- ONE (1) ORIGINAL SIGNED APPLICATION (PLEASE PRINT, EXCEPT WHERE NOTED)**
- ONE (1) COPY OF A SCALED SITE PLAN DRAWN IN INK** indicating all current and proposed land uses, structures, and other site improvements. Additional documentation may be required for various types of projects. Partial or incomplete applications and drawings cannot be processed and **will be returned to the applicant by mail.**

<b>NAME OF BUSINESS/FACILITY (if applicable)</b>	
<b>SUBDIVISION (if applicable)</b>	<b>LOT NUMBER</b>
<b>ADDRESS OF SUBJECT PROPERTY</b>	
<b>NAME OF APPLICANT/AUTHORIZED REPRESENTATIVE</b>	
<b>APPLICANT'S PHONE NUMBER</b>	<b>APPLICANT'S E-MAIL</b>
<b>ADDRESS OF APPLICANT/ AUTHORIZED REPRESENTATIVE</b>	
<b>NAME OF PROPERTY OWNER</b>	<b>PHONE</b>
<b>PLEASE DESCRIBE IN LAYMAN'S TERMS THE EXISTING AND PROPOSED USE(S) OF ALL PARTS OF THE LAND AND/OR BUILDINGS. IF A CHANGE OF USE IS PROPOSED, PLEASE EXPLAIN. (IE, RETAIL SPACE TO MEDICAL OFFICE SPACE, ETC.)</b>	

## PROPERTY OWNER AUTHORIZATION FOR REPRESENTATIVE

I, \_\_\_\_\_ (Name of Current Property Owner), the owner and applicant, hereby authorize \_\_\_\_\_ to act as my representative and agent in matters pertaining to the processing and approval of this application including modifying the project, and I agree to be bound by all representations and agreements made by the Authorized Representative.

<b>Signature of Current Property Owner</b>	<b>DATE</b>	<b>Signature of Authorized Representative</b>	<b>DATE</b>
x _____	_____	x _____	_____

## FOR OFFICE USE ONLY

<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>APPROVED AS NOTED</b> <input type="checkbox"/> <b>DISAPPROVED AS NOTED</b> (PLEASE REVISE THE DOCUMENTS AS REQUIRED AND RESUBMIT FOR APPROVAL)	
<b>This Certificate of Zoning Plan Approval is issued for, and in reference to the property and use described above, and as approved by the City Administrator or designee, or the City Council, Board of Zoning Appeals, Planning &amp; Zoning Commission, or the Architectural Review Board as appropriate.</b>	
BY: _____	DATE: _____
NOTES:	
<b>ZONING INSPECTION REQUIRED UPON COMPLETION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please call 614-410-4673 to schedule an inspection.	