CITY OF DUBLIN™	Building Standards – Review Services **Commercial Site Plan Only Application** 5800 Shier Rings Road Dublin OH 43016 Phone (614) 410-4670 *Application Number*_____	*Received Date Stamp*

PROJECT INFORMATION		
Project Name		Pre-Submittal Meeting Date
Project Address		
Tax Parcel Number	Dublin Planning Case File Number	Dublin Staff Planner

PROPERTY OWNER		
Corporate/Company Name *(if applicable)*		
Owner *(person's name)*		Title
Address		City/State/Zip
Telephone	Fax	Email

CIVIL ENGINEER		
Design Professional's Name		
Company Name		Ohio Registration Number
Address		City/State/Zip
Telephone	Fax	Email

LANDSCAPE ARCHITECT		
Design Professional's Name		
Contact Name		Ohio Registration Number
Address		City/State/Zip
Telephone	Fax	Email

GENERAL CONTRACTOR		
Company Name		Dublin Registration Number
Contact Name		Title
Address		City/State/Zip
Telephone	Fax	Email

PROJECT REPRESENTATIVE / CONTACT *(original signature required)*

I acknowledge and make this application as, or on behalf of, the owner and further assert that **I am the agent / representative to be contacted** concerning matters relating to this application.

Signature ***X***_____ (print name)_____ Date_____

Company _____ Phone_____ Email_____