



Case # _____ - _____

APPLICATION FOR DEVELOPMENT

PLEASE CHECK THE TYPE OF REVIEW

- West Innovation Districts
(Zoning Code Sections 153.037 - 153.043)
- Bridge Street Corridor Districts
(Zoning Code Sections 153.057- 153.066)
- Wireless Communication Facility (Chapter 99)

PLEASE CHECK THE APPLICATION TYPE

- Basic Plan Review
- Development Plan Review
- Waiver Review
- Open Space Fee-in-Lieu
- City Council Appeal
- Minor Project
- Site Plan Review
- Master Sign Plan
- Parking Plan

Wireless Applications

- New Tower
- Alternative Structure
- Co-Location
- Temporary

The following applications require review and decision by the **Planning and Zoning Commission, Board of Zoning Appeals, or Architectural Review Board**, but may be submitted concurrently with another application.

Please check any that apply:

- Conditional Use
- Administrative Appeal
- Project involving modifications to property within the Architectural Review District
- Other: SIGNAGE INSTALLATION

SUBMISSION REQUIREMENTS

- Fee** (refer to the approved fees list)
- Electronic Copies** of all application materials
- Submission Requirements** for each type of application (refer to checklists)
- Legal Description** for the subject property

I. PROPERTY INFORMATION: Please provide information to identify properties and the proposed development. Attach additional sheets if necessary.

Property Address(es): 4305 - 4335 W. DUBLIN GRANVILLE RD.	
Tax ID/Parcel Number(s): 273008269	Parcel Size(s) in Acres: 14.04
Existing Land Use/Development: SHOPPING CENTER	Zoning District: BSC COMMERCIAL

- Check this box if any **Administrative Departures** are requested and attach an Administrative Departure request form.
- Check this box if any **Waivers** are requested as part of the application for development and attach a Waiver Request form.

II. PROPERTY OWNER INFORMATION: Please indicate the person(s) or organization(s) who own the property proposed for development. Attach additional pages if there are multiple property owners.

Name (Individual or Organization): ROBIN PEREZ MR/TSARR OWNER LLC	
Mailing Address: 1691 MICHIGAN AVE STE 215 MIAMI BEACH FL 33139	
Daytime Telephone: 305-213-3164	Fax:
Email or Alternate Contact Information: rperez@mastcapital.com	

FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

Date of Acceptance:	Next Decision Due Date:
Final Date of Decision:	Determination:
Director's (or Designee's) Signature:	

III. APPLICANT(S): Please indicate person(s) submitting the application if different than the property owner(s).

Name: (Individual or Organization) BRAD ROOT / KOKO FITCLUB	
Mailing Address: 10129 ARCHER LANE DUBLIN OH 43017	
Daytime Telephone: 614-572-7135	Fax: NA
Email or Alternate Contact Information: brad.root@bolyu.com	

IV. AUTHORIZED REPRESENTATIVE(S): Please indicate the person(s) authorized to represent the property owner and/or applicants.

Name: (Individual or Organization) STEVE MOORE / MOORE SIGNS	
Mailing Address: 6060 WESTERVILLE RD. WESTERVILLE OH 43081	
Daytime Telephone: 614-432-5965	Fax: 614-882-5686
Email or Alternate Contact Information: STEVE@MOORESIGNS.BIZ	

V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): Please complete and notarize if applicable.

I, S. JASON COMER, the owner, hereby authorize STEVE MOORE / MOORE SIGNS to act as a representative(s) in all matters pertaining to the processing and approval of this application, including modifying the application. I agree to be bound by all representations and agreements made by the designated representative.

Signature of Current Property Owner: <u>MR/TSARR OWNER LLC</u> <u>A Delaware limited liability company</u> <u>By: MC/TSARR MM LLC, its Managing Member</u> <u>x [Signature] Authorized Representative</u>	Date: <u>6/14/12</u>
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Please check this box if the original Authorization for Owner's Applicant(s)/Representative(s) is attached as a separate document.

VI. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to enter, photograph and post a notice on the property described in this application.

I, STEVE MOORE / MOORE SIGNS, the owner or authorized representative, hereby authorize City representatives to enter, photograph and/or post a notice on the property described in this application.

Signature of Owner or Authorized Representative: <u>[Signature]</u>	Date: <u>6-18-12</u>
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VII. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, STEVE MOORE / MOORE SIGNS, the owner 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.

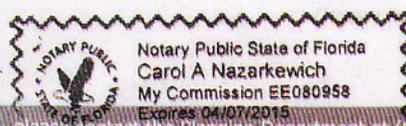
Signature of Current Property Owner or Authorized Representative: <u>[Signature]</u>	Date: <u>6-18-12</u>
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Please check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document.

Subscribed and sworn to before me this 14th day of June, 2012

State of Florida

County of Miami-Dade



Carla A. Jif

For questions or more information, please contact the Planning Department at (614) 410-4600 | www.dublin.oh.us

Subscribed and Sworn to me 18th day of June 2012 by Steven Moore

State of Ohio
County of: Franklin



SARAH E. WILSON
Notary Public, State of Ohio
My Commission Expires 07-28-2014
Jane E. Wilson