

Case # _____

APPLICATION FOR DEVELOPMENT

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

Property Address(es): **6495 SAWMILL RD**

Tax ID/Parcel Number(s): 273-008331-00	Parcel Size(s) in Acres: .556 AC
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Existing Land Use/Development: RESTAURANT	Zoning District: BRIDGE ST CORP
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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):
DONALD K WRIGHT

Mailing Address:
**423 W MAIN ST.
RUSSELLS POINT, OH 43348**

Daytime Telephone: **813-362-7173** Fax: **N/A**

Email or Alternate Contact Information:
WRIGHTDKW@GMAIL.COM

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

Wireless Applications

- New Tower
- Co-Location
- Alternative Structure
- 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
- Rezoning
- Administrative Appeal
- Project involving modifications to property within the Architectural Review District
- Other: _____

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

FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE	
Date of Acceptance: 7/5/12	Next Decision Due Date: 7/19/12
Final Date of Decision:	Determination:
Director's (or Designee's) Signature	
FILE COPY	

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12-042 MPR
JUL 05 2012
CITY OF DUBLIN
PLANNING

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

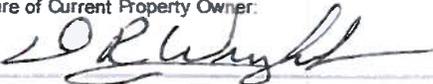
Name: (Individual or Organization)		PIADA ITALIAN STREET FOOD	
Mailing Address: 1440 KING AVE, COLUMBUS, OH 43212			
Daytime Telephone:	614.487.9140	Fax:	614.487.9150
Email or Alternate Contact Information: jsouder@thepiadagroup.com			

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

Name: (Individual or Organization)		THOMAS BEERY	
Mailing Address: 1890 NORTHWEST BLVD STE 310 COLUMBUS, OH 43212			
Daytime Telephone:	614.569.2844	Fax:	614.569.2845
Email or Alternate Contact Information: tbeery@beeryatech.com			

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

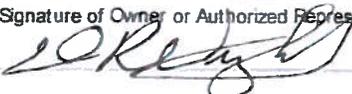
I, DONALD K WRIGHT, the owner, hereby authorize _____ to act as a representative(s) in all matters pertaining to the processing and approval of this application, including modifying the application. I agree to be bound by all representations and agreements made by the designated representative.

Signature of Current Property Owner: 	Date: 6/4/2012
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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.

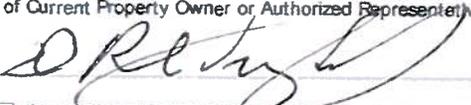
VI. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to enter, photograph and post a notice on the property described in this application.

I, DONALD K WRIGHT, 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: 	Date: 6/4/12
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VII. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, DONALD K WRIGHT, 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: 	Date: 6/4/12
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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 4th day of JUNE, 20 12
 State of Ohio
 County of Franklin

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

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Meghan Dauer
 Notary Public, State of Ohio
 My Commission Expires 02-24-2016