



CITY OF DUBLIN

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

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

January 2009

ADMINISTRATIVE REVIEW APPLICATION

(Code Section 99.06, 153.037)

I. PLEASE CHECK THE TYPE OF APPLICATION:

COIC Districts Select District: <input type="checkbox"/> HDP <input type="checkbox"/> LDP <input type="checkbox"/> I-VC <input type="checkbox"/> I-CC <input type="checkbox"/> Wireless Communication Facility	Application Type (COIC Only) <input type="checkbox"/> Pre-Application Review <input type="checkbox"/> Development Plan Review <input checked="" type="checkbox"/> Administrative Review <input type="checkbox"/> Administrative Departures
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Please utilize the applicable Supplemental Application Requirements sheet for additional submittal requirements.

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 5175 EMERALD PARKWAY, DUBLIN, OH 43017	
Tax ID/Parcel Number(s): 273-007487-80	Parcel Size(s) (Acres): 10.2144 ACRES
Existing Land Use/Development: OFFICE	Existing Zoning: PUD

PLEASE COMPLETE THE FOLLOWING:

Describe the Existing Land Use/Development: OFFICE BUILDING WITH TELECOM FACILITY ON THE ROOF.

Describe the Request: ADDING TWO ANTENNAS TO EXISTING FACILITY LOCATED ON THE NORTHERN SCREENWALL. ANTENNAS WILL BE PAINTED TO MATCH SCREENWALL.

III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

Name (Individual or Organization): DUBLIN UNITED	
Mailing Address: C/O SMITH REALTY PARTNERS (Street, City, State, Zip Code) 6000 MEMORIAL DR DUBLIN OH 43017	
Daytime Telephone: 614-973-5002	Fax: 614-973-5020
Email or Alternate Contact Information: CHALE@SMITHREALTYPARTNERS.COM	

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: <u>ROB FERGUSON, UAS / VERIZON Wireless</u>	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): <u>UNITED ACQUISITION SERVICES, INC. AGENT</u>	
Mailing Address: (Street, City, State, Zip Code) <u>3960 BROWN PARK DRIVE, SUITE I, HILLVALE, OH 45126</u>	
Daytime Telephone: <u>614-709-2904</u>	Fax: <u>614-850-8230</u>
Email or Alternate Contact Information: <u>R.FERGUSON@UAS.BIZ</u>	

V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: This is the person(s) who is submitting the application on behalf of the applicant listed in part IV or property owner listed in part III. Please complete if applicable.

Name: <u>N/A</u>	
Organization (Owner, Developer, Contractor, etc.):	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized.

I, CONNIE HALE, the owner, hereby authorize ROB FERGUSON/UAS to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.

Signature of Current Property Owner: Ch Hale as agent Date: 1/13/12

Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

Subscribed and sworn before me this 13th day of JAN, 2012

State of OH

County of FRANKLIN

Notary Public

Rebecca S. Wandell



Rebecca S. Wandell
Notary Public, State of Ohio
My Commission Expires 10-25-2015

VII. 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 visit, photograph and post a notice on the property described in this application.

I, CONNIE HALE, the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.

Signature of applicant or authorized representative: Ch Hale as agent Date: 1/13/12

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

I, ROBERT M. FERGUSON, AGENT FOR VERIZON WIRELESS, the owner or authorized representative, acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

Signature of applicant or authorized representative: Robert M. Ferguson Date: 12.15.11

IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, _____, 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 applicant or authorized representative: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____

State of _____

County of _____ Notary Public _____

FOR OFFICE USE ONLY			
Amount Received:	Application No:	ART Decision:	ART Action:
Receipt No:	Map Zone:	Date Received:	Received By:
Type of Request:			
N, S, E, W (Circle) Side of:			
N, S, E, W (Circle) Side of Nearest Intersection:			
Distance from Nearest Intersection:			
Existing Zoning District:			