



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

PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

I. PLEASE CHECK THE TYPE OF APPLICATION:

<input type="checkbox"/> Informal Review	<input type="checkbox"/> Final Plat (Section 152.085)
<input checked="" type="checkbox"/> Concept Plan (Section 153.056(A)(1))	<input type="checkbox"/> Conditional Use (Section 153.236)
<input checked="" type="checkbox"/> Preliminary Development Plan / Rezoning (Section 153.053)	<input type="checkbox"/> Corridor Development District (CDD) (Section 153.115)
<input type="checkbox"/> Final Development Plan (Section 153.053(E))	<input type="checkbox"/> Corridor Development District (CDD) Sign (Section 153.115)
<input type="checkbox"/> Amended Final Development Plan (Section 153.053(E))	<input type="checkbox"/> Minor Subdivision
<input type="checkbox"/> Standard District Rezoning (Section 153.018)	<input type="checkbox"/> Right-of-Way Encroachment
<input type="checkbox"/> Preliminary Plat (Section 152.015)	<input type="checkbox"/> Other (Please Specify): _____

Please utilize the applicable *Supplemental Application Requirements* sheet for additional submittal requirements that will need to accompany this application form.

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 0 HYLAND-CROY ROAD	
Tax ID/Parcel Number(s): Parcel # / Map # 390024021000 / 1360000105000 390024022000 / 1360000104000	Parcel Size(s) (Acres): +/-2.149 AC. +/-25.961 AC.
Existing Land Use/Development: Agricultural Vacant Land	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: Residential - Single Family Parks/Open Space
Total acres affected by application: +/-28.110 AC.

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

Name (Individual or Organization): Celtic Capital, LLC	
Mailing Address: (Street, City, State, Zip Code) 565 Metro Place South Suite 480 Dublin, OH 43017	
Daytime Telephone: 614-764-9981	Fax: 614-764-2207
Email or Alternate Contact Information:	

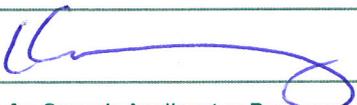
IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: Kevin McCauley	Applicant is also property owner: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Celtic Capital, LLC	
Mailing Address: (Street, City, State, Zip Code) 565 Metro Place South, Suite 480 Dublin, OH 43017	
Daytime Telephone: 614-764-9981	Fax: 614-764-2207
Email or Alternate Contact Information: kevin@stavroff.com	

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: Ben Hale, Jr.	
Organization (Owner, Developer, Contractor, etc.): Smith and Hale, LLC	
Mailing Address: (Street, City, State, Zip Code) 37 West Broad Street, Suite 725 Columbus, OH 43215	
Daytime Telephone: 614-221-4255	Fax: 614-221-4409
Email or Alternate Contact Information: bhale@smithandhale.com	

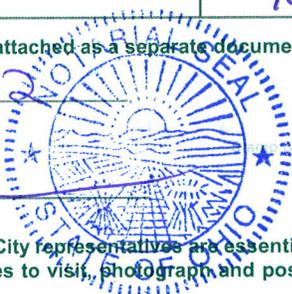
VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized.

I, <u>Kevin McCauley, member, Celtic Capital LLC</u> , the owner, hereby authorize <u>Ben Hale, Jr.</u> 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: 	Date: <u>10/31/12</u>

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

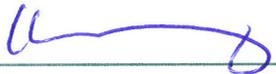
Subscribed and sworn before me this 31st day of October, 2012
 State of Ohio
 County of Franklin

Notary Public 

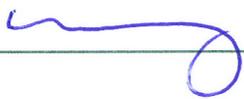


CRISTINA E YATES
 Notary Public State of Ohio
 Delaware County
 My Commission Expires
 November 26, 2016

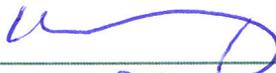
VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

I, <u>Kevin McCauley, member, Celtic Capital LLC</u> , 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: 	Date: <u>10/31/12</u>

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.

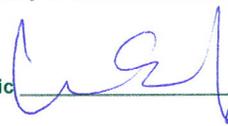
I, <u>Kevin McCauley, member, Celtic Capital LLC</u> , the owner or authorized representative, acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.	
Signature of applicant or authorized representative: 	Date: <u>10/31/12</u>

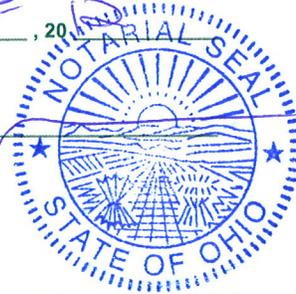
IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, <u>Kevin McCauley, member, Celtic Capital LLC</u> , 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: <u>10/31/12</u>

Subscribed and sworn to before me this 31st day of October, 2012
 State of Ohio
 County of Franklin

Notary Public





Stamp: **CRISTINA E YATES**
 Notary Public State of Ohio
 Delaware County
 My Commission Expires
 November 26, 2016

FOR OFFICE USE ONLY			
Amount Received:	Application No:	P&Z Date(s):	P&Z Action:
Receipt No:	Map Zone:	Date Received:	Received By:
City Council (First Reading):		City Council (Second Reading):	
City Council Action:		Ordinance Number:	
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:		Requested Zoning District:	