



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 type="checkbox"/> Concept Plan (Section 153.056(A)(1))	<input checked="" type="checkbox"/> Conditional Use (Section 153.236)
<input 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 checked="" 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): 5665-5685 WOERNER TEMPLE RD. 5625-5649 WOERNER TEMPLE RD.	
Tax ID/Parcel Number(s): 7273.012127.80	Parcel Size(s) (Acres): 4.721
Existing Land Use/Development: PCD SUBAREA E / SHOPPING CENTER	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development:	patios for outdoor dining
Total acres affected by application:	4.721

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

Name (Individual or Organization):	CAREY EMERALD LLC	
Mailing Address: (Street, City, State, Zip Code)	140 E. TOWN ST. STE 1150 COLUMBUS, OHIO 43215	
Daytime Telephone:	64.461.0300	Fax: 614.461.0011
Email or Alternate Contact Information:		

RECEIVED

13-024 APO/lu
APR 01 2013

FILE COPY

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: ED CAREY		Applicant is also property owner: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): CAREY EMERALD LLC		
Mailing Address: (Street, City, State, Zip Code) SAME AS ABOVE		
Daytime Telephone:	Fax:	
Email or Alternate Contact Information:		

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: JOEL SIGLER	
Organization (Owner, Developer, Contractor, etc.): ARCHITECT	
Mailing Address: (Street, City, State, Zip Code) 2835 CANNON CIRCLE, LEWIS CENTER OHIO 43035	
Daytime Telephone: 614-499-0054	Fax: 740-657-3147
Email or Alternate Contact Information: JOEL@SIGLERDESIGNS.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, CAREY EMERALD LLC , the owner, hereby authorize	
JOEL SIGLER 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: 4-1-13

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 1 day of April, 2013

State of Ohio

County of Franklin

Notary Public Tamara Brown



Tamara L. Brown
Notary Public, State of Ohio
My Commission Expires 08-22-2014

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, JOEL SIGLER , 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: 4-1-2013

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 _____, 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:

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

I <u>Joel Sicker</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: <u>Joel Sicker</u>	Date: <u>4.1.2013</u>

Subscribed and sworn to before me this 1 day of April, 20 13
 State of Ohio
 County of Franklin Notary Public Tamera Brown



Tamera L. Brown
 Notary Public, State of Ohio
 My Commission Expires 08-22-2014

FOR OFFICE USE ONLY			
Amount Received: <u>1080</u>	Application No: <u>13-024</u>	P&Z Date(s):	P&Z Action:
Receipt No: <u>270038</u>	Map Zone: <u>4</u>	Date Received: <u>4-1-13</u>	Received By: <u>CDH</u>
City Council (First Reading):		City Council (Second Reading):	
City Council Action:		Ordinance Number:	
Type of Request: <u>Amended Final Development Plan / Conditional Use</u>			
N, <input checked="" type="radio"/> S, E, W (Circle) Side of: <u>Woerner Temple</u>			
N, <input checked="" type="radio"/> S, E, W (Circle) Side of Nearest Intersection: <u>Emerald Parkway</u>			
Distance from Nearest Intersection: <u>0'</u>			
Existing Zoning District: <u>PCD</u>		Requested Zoning District: <u>PCD</u>	