

PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)



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

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 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): 6175 Shamrock Court	
Tax ID/Parcel Number(s): 273-001709-00	Parcel Size(s) (Acres): 11.927 Acres
Existing Land Use/Development: Office/Technology Flex - Zoned TF, Technology Flex District	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: Please see the attached Supplemental Application Sheet for further information.
Total acres affected by application:

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

Name (Individual or Organization): Equity Dublin Associates <i>IF BONNIE G. REINBERG, V.P. OF EQUITY PLANNING CORP., General Partner</i>	
Mailing Address: (Street, City, State, Zip Code)	3355 Richmond Road Suite 231 A Beachwood, OH 44122
Daytime Telephone: 216.595.0780	Fax:
Email or Alternate Contact Information: epc101@ameritech.net	

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.

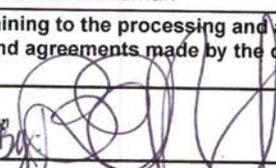
Name: KCB Investment Holdings, LLC (d/b/a Goldfish Swim School)	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Tenant	
Mailing Address: (Street, City, State, Zip Code) 28400 Northwestern Highway, Suite 130, Southfield, MI 48034	
Daytime Telephone: 248.350.9090 Ext. 1	Fax: 248.352.6841
Email or Alternate Contact Information: rwineman@comcast.net	

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: Robert D. Wineman	
Organization (Owner, Developer, Contractor, etc.): Applicant's Authorized Representative	
Mailing Address: (Street, City, State, Zip Code) 28400 Northwestern Highway, Suite 130, Southfield, MI 48034	
Daytime Telephone: 248.350.9090 Ext. 1	Fax: 248.352.6841
Email or Alternate Contact Information: rwineman@comcast.net	

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, BONNIE E. REINBERG, VICE PRESIDENT of EQUITY PLANNING CORP, GENERAL PARTNER of Equity Dublin Associates, the owner, hereby authorize KCB Investment Holdings, LLC/Robert D. Wineman 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: 6/13/13

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 13th day of JUNE, 2013

State of OHIO

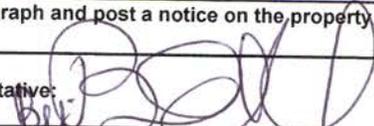
County of Cuyahoga

Notary Public Tammy Ramsey

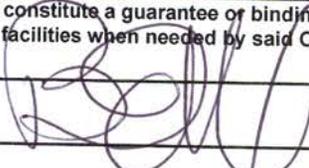
TAMMY RAMSEY
Notary Public - State of Ohio
My Commission Expires Nov. 19, 2015
(Recorded in Portage County)

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.

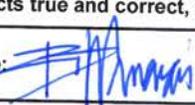
I, BONNIE E. REINBERG, V.P. of EQUITY PLANNING CORP GENERAL PARTNER of Equity Dublin Associates, the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.

Signature of applicant or authorized representative:  Date: 6/13/13

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.

Bonnie R. Reinberg, Vice President of Equity Planning Corporation, General Partner of Equity Dublin Associates	
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: 6/13/13

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

KCB Investment Holdings, LLC, 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: 6/27/13

Subscribed and sworn to before me this 27th day of June, 20 13

State of _____

County of _____

Notary Public Judy L. Holland

Stamp or Seal


 JUDY L. HOLLAND
 Notary Public, State of Michigan
 County of Wayne
 My Commission Expires Sep. 25, 2014
 Acting in the County of _____

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:	

Supplemental Application Sheet
Goldfish Swim School Carmel Application for Conditional Use Approval

Applicant is excited about the opportunity to open its first Columbus area Goldfish Swim School location within the City of Dublin. The original Goldfish Swim School (corporate owned and operated) opened in Birmingham in March of 2006. Currently, there are 9 additional locations being operated by other franchisees in Michigan (6), Illinois (1), Indiana (1) and Ohio (1). The operation's focus is providing specialized swim instruction to infants and toddlers (ages 4 months to 5+ years). Classes are conducted in groups of 4 students per class with semi-private and private lessons available. Each class is administered by 1 instructor (the student to instructor ratio is no more than 4:1) and lasts for 30 minutes. Approximately 10 classes can be in-session at one time. There are at least 3 life guards on-duty any time individuals are in the water. All life guards are Red Cross and CPR certified individuals who complete rigorous training and re-certification on an annual basis. Applicant is a member of the United States Swim School Association and an active participant in the Safer3 Swim Program. Subject to receipt of the necessary municipal approvals, Applicant anticipates commencing construction in October 2013 and opening for business to the general public in mid-January 2014.

Applicant anticipates employing approximately 25 individuals to work at this location. At peak capacity, there will be approximately 76 individuals (32 students and 8 instructors in the water; 16 students in the facility awaiting the next session; 4 staff; 16 parents/spectators) utilizing the facility. The facility's hours of operation are Monday through Friday from 10:30 am to 1 pm and 4 pm to 8 pm; Saturday from 8:30 am to 7:30 pm; and Sunday from 11:30 am to 6:30 pm. Peak hours of operation generally occur on weekday evenings from 4:30 pm to 8 pm and from 8:30 am to 2 pm on Saturdays.

With regard to Applicant's request for conditional use approval, Applicant believes its proposed use of the property is: (i) consistent with the City of Dublin's current zoning ordinance and governing regulations related to the Technology Flex District zoning classification and (ii) harmonious, compatible and complimentary to its neighboring tenants within the office park and the surrounding general vicinity, and as such should receive favorable consideration.

Proximity Search (150') for 6175 Shamrock Court, Dublin, Ohio

Local Government	Address	Mailing City	State	Zipcode	Address Type	Use for Mailing	Validity
DUBLIN	6175 SHAMROCK CT	DUBLIN	OH		43016 OFFICE	YES	null
DUBLIN	6190 SHAMROCK CT	DUBLIN	OH		43016 OFFICE	YES	null
DUBLIN	6185 SHAMROCK CT	DUBLIN	OH		43016 OFFICE	YES	null
DUBLIN	6170 SHAMROCK CT	DUBLIN	OH		43016 OFFICE	YES	null
DUBLIN	6177 SHAMROCK CT	DUBLIN	OH		43016 OFFICE	YES	null