

BOARD OF ZONING APPEALS APPLICATION

(Code Section 153.231)

I. PLEASE CHECK THE TYPE OF APPLICATION:

- Administrative Appeal (Code Section 153.231)**
 Administrative Stream Corridor Protection Zone
 Building Construction
- Special Permit (Code Section 153.090)**
 List Special Permit Type _____
- Variance (Code Section 153.231)**
 Non-Use (area) Variance
 Use Variance
- Other (Please Specify):** _____

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 7106 - 7196 Muirfield Dr., Dublin, Ohio 43017

Tax ID/Parcel Number(s):
273-003599-00Parcel Size(s) (Acres):
4.914 acres

Existing Land Use/Development: Commercial retail

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:Proposed Land Use/Development:
n/a**III. CURRENT PROPERTY OWNER(S):** Please attach additional sheets if needed.

Name (Individual or Organization): Athenry Shoppes Limited

Mailing Address: 250 E. Broad St., Suite 1100, Columbus, OH 43215
(Street, City, State, Zip Code)

Daytime Telephone: 614-228-5775

Fax: 614-228-1098

Email or Alternate Contact Information: Pat@kelley-co.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:

Applicant is also property owner: yes no

Organization (Owner, Developer, Contractor, etc.):

Mailing Address:
(Street, City, State, Zip Code)

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: Michael Kelley	
Organization (Owner, Developer, Contractor, etc.): Donald W. Kelley & Associates	
Mailing Address: 250 E. Broad St., Suite 1100, Columbus, OH 43215 (Street, City, State, Zip Code)	
Daytime Telephone: 614-228-5775	Fax: 614-228-1098
Email or Alternate Contact Information: michael@kelley-co.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 _____, the owner, hereby authorize _____ 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:

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 _____ day of _____, 20 _____

State of _____

Stamp or Seal

County of _____ Notary Public _____

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

I _____, 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:

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for rezoning 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 Michael Kelley, 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.	
<i>Michael W. Kelley, attorney for Athenry Shoppes Limited</i>	
Signature of applicant or authorized representative:	Date: 7/3/2013

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

I, Michael Kelley, 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: Michael W. Kelley, attorney for Henry Shoppes Limited Date: 7/3/2013

Subscribed and sworn to before me this 8 day of July, 2013

State of Ohio

County of Franklin

Notary Public Timothy M. Kelley



TIMOTHY M. KELLEY
 ATTORNEY AT LAW
 NOTARY PUBLIC, STATE OF OHIO
 LIFETIME COMMISSION

NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSIMILE CONFIRMING RECEIPT OF THIS APPLICATION

FOR OFFICE USE ONLY			
Amount Received:	Application No:	BZA Date(s):	BZA 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:			