

TIME EXTENSION AGREEMENT FORM

TIME EXTENSION AGREEMENT

Decisions on applications for development in the Bridge Street and West Innovation Districts and for wireless communication facilities are required within a specified time period based on the type of application. Applicants may request or agree to extend the decision time frame in order to submit new or additional information, etc.

I. PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attach additional sheets if necessary.

Property Address(es):	<u>6465 SAWMILL RD</u>
Proposed Date of Time Extension Expiration:	<u>11/07/13</u>
Reason for Time Extension:	<u>To provide time for staff review prior to case introduction at ART. [Signature]</u>

II. APPLICANT INFORMATION

Name: (Individual or Organization)	<u>CHRISTOFF LAND & DEVELOPMENT</u>	
Mailing Address:	<u>102 W MAIN ST PO BOX 507 NEW ALBANY, OH 43054</u>	
Daytime Telephone:	<u>614 304.1073</u>	Fax:
Email or Alternate Contact Information:	<u>info@christoff.com</u>	

III. APPLICANT'S ACKNOWLEDGEMENT OF TIME EXTENSION AGREEMENT

I, TOM PEERY, the applicant or authorized representative, acknowledge and agree to the time extension for a decision on the application noted on this form.

Applicant's Signature:	<u>[Signature]</u>	Date:	<u>10.16.13</u>
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FOR OFFICE USE ONLY: DIRECTOR'S APPROVAL OF TIME EXTENSION AGREEMENT

The Director (or Designee) acknowledges and agrees to the time extension for a decision on the application listed above until the mutually agreed upon date noted on this form, unless otherwise agreed to by the applicant and the City.

Date of Time Extension Expiration:
11/07/13

Director's (or Designee's) Signature:

[Signature]

Date:
10/16/13

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OCT 16 2013
13-107 MPR
CITY OF DUBLIN
PLANNING



Case # 13 - 107 MPR

APPLICATION FOR DEVELOPMENT

PLEASE CHECK THE TYPE OF REVIEW

- West Innovation Districts
(Zoning Code Sections 153.037 - 153.043)
- Bridge Street Corridor Districts
(Zoning Code Sections 153.057- 153.066)
- Wireless Communication Facility (Chapter 99)

PLEASE CHECK THE APPLICATION TYPE

- Basic Plan Review
- Development Plan Review
- Waiver Review
- Open Space Fee-in-Lieu
- City Council Appeal
- Minor Project
- Site Plan Review
- Master Sign Plan
- Parking Plan
- Administrative Departure

Wireless Applications

- New Tower
- Alternative Structure
- Co-Location
- Temporary

The following applications require review and decision by the **Planning and Zoning Commission, Board of Zoning Appeals, or Architectural Review Board**, but may be submitted concurrently with another application.

Check any that apply:

- Conditional Use
- Administrative Appeal
- Project involving modifications to property within the Architectural Review District
- Other: _____
- Rezoning

SUBMISSION REQUIREMENTS

- Fee** (refer to the approved fees list)
- Electronic Copies** of all application materials (PDF, JPEG, Word, etc. as appropriate)
- Submission Requirements** for each type of application (refer to checklists)
- Legal Description and/or Property Survey** for the subject property

I. PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attach additional sheets if necessary.

Property Address(es): 6465 Sawmill Road	
Tax ID/Parcel Number(s): 273-008330	Parcel Size(s) in Acres: .45 acres
Existing Land Use/Development: vacant land / redevelopment	Zoning District: BSC Sawmill Center

- Check this box if any **Administrative Departures** are requested and attach an Administrative Departure request form.
- Check this box if any **Waivers** are requested as part of the application for development and attach a Waiver Request form.

II. PROPERTY OWNER INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional pages if there are multiple property owners.

Name (Individual or Organization): Christoff Land & Development	
Mailing Address: 102 W. Main Street PO Box 507 New Albany, OH 43054	
Daytime Telephone: 614 304-1078	Fax:
Email or Alternate Contact Information: info@christoff.com	

FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

Date of Acceptance:	Next Decision Due Date:
Final Date of Decision:	Determination:
Director's (or Designee's) Signature:	

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**CITY OF DUBLIN
PLANNING**

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OCT 16 2013**

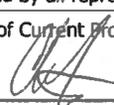
III. APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s).

Name: (Individual or Organization)	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

IV. AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) authorized to represent the property owner and/or applicants.

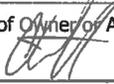
Name: (Individual or Organization) Thomas Beery (Thomas Beery Architects, Inc.)	
Mailing Address: 1890 Northwest Blvd. Suite 310 Columbus, OH 43212	
Daytime Telephone: (614) 569-2844	Fax: (614) 569-2845
Email or Alternate Contact Information: tbeery@beeryarch.com	

V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): Complete if applicable.

I, <u>Chris Christoff</u> , the owner , hereby authorize <u>Tom Beery</u> to act as a representative(s) in all matters pertaining to the processing and approval of this application, including modifying the application. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner: 	Date: <u>10/14/13</u>

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

VI. 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 enter, photograph and post a notice on the property described in this application. This is optional, but recommended.

I, <u>Chris Christoff</u> , the owner or authorized representative , hereby authorize City representatives to enter, photograph and/or post a notice on the property described in this application.	
Signature of Owner or Authorized Representative: 	Date: <u>10/14/13</u>

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

I, <u>Chris Christoff</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 Current Property Owner or Authorized Representative: 	Date: <u>10/14/13</u>

Check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document.

Subscribed and sworn to before me this 14th day of October, 202013

State of Ohio

County of Franklin

(Notary Public Seal)

