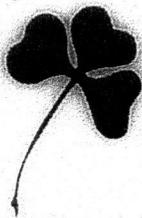


ADMINISTRATIVE REVIEW APPLICATION

(Code Section 99.06, 153.037)



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:

| | |
|--|---|
| <p>COIC Districts Select District:</p> <p><input type="checkbox"/> HDP</p> <p><input type="checkbox"/> LDP</p> <p><input type="checkbox"/> I-VC</p> <p><input type="checkbox"/> I-GC</p> <p><input checked="" type="checkbox"/> Wireless Communication Facility</p> | <p>Application Type (COIC Only)</p> <p><input type="checkbox"/> Pre-Application Review</p> <p><input type="checkbox"/> Development Plan Review</p> <p><input type="checkbox"/> Administrative Review</p> <p><input type="checkbox"/> Administrative Departures</p> |
|--|---|

Please utilize the applicable Supplemental Application Requirements sheet for additional submittal requirements.

II. PROPERTY INFORMATION: This section must be completed.

| | |
|--|--------------------------------------|
| Property Address(es): <i>425 Metro Place South</i> | |
| Tax ID/Parcel Number(s): <i>273 001 313 00</i> | Parcel Size(s) (Acres): |
| Existing Land Use/Development: <i>Office Space</i> | Existing Zoning: <i>Office Space</i> |

PLEASE COMPLETE THE FOLLOWING:

Describe the Existing Land Use/Development:
Commercial office space

Describe the Request:
Existing Rooftop Cell Antenna Upgrade / Remove old Antennas - install new Antennas / Remove - Install new Cabinet / Remove - Install new Cables

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

| | |
|--|------|
| Name (Individual or Organization): <i>General Electric Credit Equities Inc</i> | |
| Mailing Address: (Street, City, State, Zip Code) <i>500 West Monroe St Chicago IL 60661</i> | |
| Daytime Telephone: <i>312.441.7000</i> | Fax: |
| Email or Alternate Contact Information: <i>Cathy Frederick Continental Realty 614.764.2779</i> <i>X30</i> | |

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: <u>Jeffrey D Haines JD</u> <u>Gainar Consulting for Sprint</u> | Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> |
| Organization (Owner, Developer, Contractor, etc.): <u>Site Consultant</u> | |
| Mailing Address: <u>77 Normandy Dr Suite One</u> (Street, City, State, Zip Code) <u>Painesville OH 44077</u> | |
| Daytime Telephone: <u>440.477.7738</u> | Fax: <u>440.579.0101</u> |
| Email or Alternate Contact Information: <u>haines.hlo@gmail.com</u> | |

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: <u>Same as IV above</u> | |
| Organization (Owner, Developer, Contractor, etc.): | |
| Mailing Address: (Street, City, State, Zip Code) | |
| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |

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

| | |
|---|-------|
| <u>See Owner Consent letter pg 2 attached</u> , 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 _____

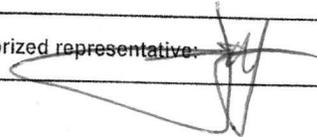
County of _____ Notary Public _____

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

| | |
|---|-------------------------|
| <u>Jeffrey D Haines</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: <u>[Signature]</u> | Date: <u>10-27-2013</u> |

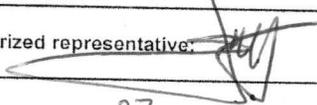
VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

I, Jeffrey D Haines, 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: 10.27.2013

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

I, Jeffrey D Haines, 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: 10.27.2013

Subscribed and sworn to before me this 27 day of October, 2013
 State of Ohio
 County of Lake

Notary Public Jacqueline M Haines
 Jacqueline M Haines Esq.
 No Expiration

| FOR OFFICE USE ONLY | | | |
|---|-----------------|----------------|--------------|
| Amount Received: | Application No: | ART Decision: | ART 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: | | | |