



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.ohio.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 152.066) |
| <input checked="" type="checkbox"/> Concept Plan (Section 153.056(A)(1)) | <input 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 153.116) |
| <input type="checkbox"/> Final Development Plan (Section 153.053(E)) | <input type="checkbox"/> Corridor Development District (CDD) Sign (Section 153.116) |
| <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): 1) Perimeter Drive; 2) 7155 Post Road; 3) 6594 Liggett Road | |
| Tax ID/Parcel Number(s): 1) 3900010121000(LC)/273-010461(FC) 2) 3900010130000(LC)/273-001898-80 & -90(FC) 3) Split from 273-001902 | Parcel Size(s) (Acres): 1) .924 2) 1.398 3) Approximately 1.5 |
| Existing Land Use/Development: 1 & 3 - unimproved; 2 - office | |
| IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING: | |
| Proposed Land Use/Development: Multi-story office building with associated surface parking | |
| Total acres affected by application: Approximately 3.822 | |

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

| | |
|---|------|
| Name (Individual or Organization): See attached | |
| Mailing Address: (Street, City, State, Zip Code) | |
| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |

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III. Current Property Owners

1. City of Dublin
5200 Emerald Parkway
Dublin, Ohio 43017
Phone: _____
Fax: _____
Email: _____

2. GLK Properties, Ltd.
7155 Post Road
Dublin, Ohio 43016
Attn: Fritz Kaiser
Phone: 614-296-3999
Fax: _____
Email: fritzka@mtsalliance.com

3. Mount Carmel Health System
793 W. State Street
Columbus, Ohio 43222
Attn: Joanne Ranft
Phone: 614-546-4907
Fax: _____
Email: iranft@mchs.com

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PLANNING**

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: Everhart Financial Group, Inc. | | Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | |
| Organization (Owner, Developer, Contractor, etc.): Potential Purchaser | | | |
| Mailing Address: (Street, City, State, Zip Code) | | 5890 Venture Drive Dublin, Ohio 43017 | |
| Daytime Telephone: 614-717-9705 | | Fax: 614-717-9725 | |
| Email or Alternate Contact Information: mattr@everhartadvisors.com | | | |

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: John Gioffre, Gioffre Companies, Inc. | |
| Organization (Owner, Developer, Contractor, etc.): Builder | |
| Mailing Address: (Street, City, State, Zip Code) 6262 Eiterman Road | |
| Daytime Telephone: 614-764-0032 | Fax: 614-764-1620 |
| Email or Alternate Contact Information: jgioffre@gioffreco.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, Marsha Grigsby, the owner, hereby authorize Matt Romeo, Everhart Financial 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: [Signature] Date: 1/22/14

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 22nd day of January, 2014

State of Ohio

County of Franklin

Notary Public [Signature]



JENNIFER L. DE
NOTARY PUBLIC
STATE OF OHIO
Comm. Ex
January 02, 2016

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, Marsha Grigsby, 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: [Signature] Date: 1/22/14

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1/22/14
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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, Maisha Grigsky, 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: [Signature] Date: 1/22/14

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

I, Matt Romeo, COO of Everhart Financial Group, Inc., 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: [Signature] Date: 1/21/14

Subscribed and sworn before me this 21 day of January, 2014

State of Ohio

County of Franklin

Notary Public



MATTHEW J. ROMEO
Notary Public, State of Ohio
My Commission Expires 04-20-2018

Stamp or Seal

| 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: | |

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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: Everhart Financial Group, Inc. | | Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> |
| Organization (Owner, Developer, Contractor, etc.): Potential Purchaser | | |
| Mailing Address: (Street, City, State, Zip Code) | | 5890 Venture Drive Dublin, Ohio 43017 |
| Daytime Telephone: 614-717-9705 | Fax: 614-717-9725 | |
| Email or Alternate Contact Information: mattr@everhartadvisors.com | | |

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: John Gioffre, Gioffre Companies, Inc. | |
| Organization (Owner, Developer, Contractor, etc.): Builder | |
| Mailing Address: (Street, City, State, Zip Code) | |
| 6262 Eiteman Road | |
| Daytime Telephone: 614-764-0032 | Fax: 614-764-1620 |
| Email or Alternate Contact Information: jgioffre@gioffreco.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 ERIC KAISER GLE PROPERTIES, the owner, hereby authorize John Gioffre Gioffre Companies Inc. 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: [Signature] Date: 1-17-14

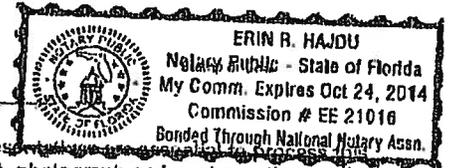
Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

Subscribed and sworn before me this 17th day of January, 2014

State of Florida

County of Sarasota

Notary Public Erin R. Hajdu



VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are necessary 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, _____, 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: 14-005 CP
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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, Matt Romeo, COO of Everhart Financial Group, Inc., 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: [Signature] Date: 1/21/14

Subscribed and sworn before me this 21 day of January, 2014
 State of Ohio
 County of Franklin



MATTHEW J. ROMEO
 Notary Public, State of Ohio
 My Commission Expires 04-20-2018

Stamp or Seal

| 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: | |

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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: Everhart Financial Group, Inc. | Applicant is also property owner: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Organization (Owner, Developer, Contractor, etc.): Potential Purchaser | |
| Mailing Address: 6880 Ventura Drive (Street, City, State, Zip Code) Dublin, Ohio 43017 | |
| Daytime Telephone: 614-717-9705 | Fax: 614-717-9725 |
| Email or Alternate Contact Information: maltr@everhartadvisors.com | |

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: John Gloffe, Gloffe Companies, Inc. | |
| Organization (Owner, Developer, Contractor, etc.): Builder | |
| Mailing Address: 6262 Ellerman Road (Street, City, State, Zip Code) | |
| Daytime Telephone: 614-764-0032 | Fax: 614-764-1620 |
| Email or Alternate Contact Information: jgloffe@gloffeco.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, Joanne Raultt, Director, Corporate Real Estate for Mt. Carmel Health System the owner, hereby authorize Everhart Financial Group, Inc. 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: Joanne Raultt Date: 1/20/14

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 20th day of January, 2014

State of OHIO

County of FRANKLIN

Notary Public:

Elizabeth I. Moore



ELIZABETH I. MOORE
Notary Public, State of Ohio
My Commission Expires 09-05-2015

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, _____ 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: _____

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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>Matt Romeo, COO of Everhart Financial Group, Inc.</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: | Date: <u>1/21/14</u> |

Subscribed and sworn before me this 21, 2014
 State of Ohio
 County of Franklin



MATTHEW J. ROMEO
 Notary Public, State of Ohio
 My Commission Expires 04-20-2018

Stamp or Seal

| FOR OFFICE USE ONLY | | | |
|--|-------------------------------|---------------------------------------|-------------------------|
| Amount Received: <u>2170.00</u> | Application No: <u>14-005</u> | P&Z Date(s): | P&Z Action: |
| Receipt No: | Map Zone: <u>4</u> | Date Received: <u>1/21/14</u> | Received By: <u>JMR</u> |
| City Council (First Reading): | | City Council (Second Reading): | |
| City Council Action: | | Ordinance Number: | |
| Type of Request: <u>Concept Plan</u> | | | |
| N, S, E, W (Circle) Side of: <u>Post Road</u> | | | |
| N, S, E, W (Circle) Side of Nearest Intersection: <u>Perimeter Drive</u> | | | |
| Distance from Nearest Intersection: <u>at SE corner</u> | | | |
| Existing Zoning District: <u>TF, SO, PCD</u> | | Requested Zoning District: <u>PUD</u> | |

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Project: Everhart Financial Office Building
Location: City of Dublin, SE corner of Post and Perimeter Roads
Re: Property Owners List (Reference GIS Map)

January 13, 2014

| | | |
|-----------------------|----------|---|
| Property Owner No. 1 | PID No.: | 1470000013000 |
| | Owner: | Northwest Assembly of God |
| | Address: | 7055 Avery Road Dublin, Ohio 43107 |
| Property Owner No. 2 | PID No.: | 1470000022000 |
| | Owner: | BBH Properties of Ohio LLC |
| | Address: | 6860 Perimeter Drive Dublin, Ohio 43106 |
| Property Owner No. 3 | PID No.: | 273012128 |
| | Owner: | BBH Properties of Ohio LLC |
| | Address: | 6860 Perimeter Drive Dublin, Ohio 43106 |
| Property Owner No. 4 | PID No.: | 273012351 |
| | Owner: | 6870A Perimeter West LLC |
| | Address: | 6870 Perimeter Drive Dublin, Ohio 43106 |
| Property Owner No. 5 | PID No.: | 273010700 |
| | Owner: | Lafayette Propstone LLC |
| | Address: | 7625 Hospital Drive Dublin, Ohio 43106 |
| Property Owner No. 6 | PID No.: | 273001902 |
| | Owner: | Mount Carmel Health System |
| | Address: | 6594 Liggett Road Plain City, Ohio 43064 |
| Property Owner No. 7 | PID No.: | 273001899 |
| | Owner: | Post Hylands Co |
| | Address: | Perimeter Drive Dublin, Ohio 43106 |
| Property Owner No. 8 | PID No.: | 1470000019000 |
| | Owner: | The Post Hylands Co |
| | Address: | 8763 Glassford Ct S Dublin, Ohio 43107 |
| Property Owner No. 9 | PID No.: | 1470000019603 |
| | Owner: | City of Dublin |
| | Address: | 5200 Emerald Parkway Dublin, Ohio 43107 |
| Property Owner No. 10 | PID No.: | 1470000012603 |
| | Owner: | City of Dublin |
| | Address: | 5200 Emerald Parkway Dublin, Ohio 43107 |
| Property Owner No. 11 | PID No.: | 1471302001000 |
| | Owner: | City of Dublin |
| | Address: | 5200 Emerald Parkway Dublin, Ohio 43107 |

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