

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-CC</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>
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Please utilize the applicable *Supplemental Application Requirements* sheet for additional submittal requirements.

CB 03 X C 017

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): <i>5082 TOTTENHAM CROSSING BLVD</i>	
Tax ID/Parcel Number(s): <i>273-003368-00</i>	Parcel Size(s) (Acres):
Existing Land Use/Development: <i>Office Space</i>	Existing Zoning: <i>Office</i>

PLEASE COMPLETE THE FOLLOWING:

Describe the Existing Land Use/Development:
This is an existing rooftop cellular antenna facility. This is an upgrade consisting and installing new antennas, remove and install new cables and a new equipment cabinet.

Describe the Request:

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

Name (Individual or Organization): <i>Sun Life Assurance Company of Canada</i>	
Mailing Address: <i>1 Sun Life Executive Park</i> <i>Attn: Tverkoj</i> (Street, City, State, Zip Code) <i>Millicent Hills MA 02181</i>	
Daytime Telephone: <i>for 766.5433</i>	Fax:
Email or Alternate Contact Information:	

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. Hamer, JD / Agent</u>	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): <u>Camden Consulting</u>	
Mailing Address: <u>77 Normandy Dr Ste C114</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>hamerj1@aol.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</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.

I, See signed Consent letter attached, 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:
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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.

I, Jeffrey D. Hamer, 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>11.07.2013</u>
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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.

<u>Jeffrey D. Haines Agent</u> , 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: <u>11.27.2013</u>

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

<u>Jeffrey D. Haines Agent</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>11.27.2013</u>

Subscribed and sworn to before me this 7 day of Nov, 2013

State of OH

County of Lake

Notary Public Jacqueline M. Haines Esq.
Jacqueline M. Haines Esq.
NO EXP

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:			