



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

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 152.085)
<input 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 153.115)
<input type="checkbox"/> Final Development Plan (Section 153.053(E))	<input type="checkbox"/> Corridor Development District (CDD) Sign (Section 153.115)
<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):	
Tax ID/Parcel Number(s):	Parcel Size(s) (Acres):
Existing Land Use/Development:	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:
Proposed Land Use/Development:
Total acres affected by application:

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

Name (Individual or Organization):	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	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:	Applicant is also property owner: yes <input type="checkbox"/> no <input type="checkbox"/>
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:	
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 _____, 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 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:

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 _____, 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:

Subscribed and sworn to before me this _____ day of _____, 20 _____

State of _____

Stamp or Seal

County of _____ Notary Public _____

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:	

WELLINGTON RESERVE
Amended FDP
February 7, 2014

PID	County	Owner	Auditor Address	City	State	Zipcode
270000025	Franklin	JENKINS LEE A TR JENKINS DAVID R TR	5071 BRAND RD	DUBLIN	OH	43017
270000056	Franklin	MCLOUGHLIN BARBARA S TOD	5131 BRAND RD	DUBLIN	OH	43017
270000262	Franklin	SPEARS JERRY G III SPEARS MARSHA M	5150 BRAND RD	DUBLIN	OH	43017
270000292	Franklin	REYNOLDS JON L REYNOLDS COLLEEN M	5151 BRAND RD	DUBLIN	OH	43017
273004039	Franklin	TLM MORRIS MICHELLE L	5117 REDDINGTON CT	DUBLIN	OH	43017
273004040	Franklin	MOORE SHAWNA C MOORE CAMERON H	5125 REDDINGTON CT	DUBLIN	OH	43017
273004041	Franklin	SOGAR KENNETH C SOGAR CHRISTINA A	5133 REDDINGTON CT	DUBLIN	OH	43017
273004042	Franklin	GEORGETT GREGG W & THERESA	5141 REDDINGTON CT	DUBLIN	OH	43017
273004043	Franklin	REEVES ROGER W & DEBRA J	5149 REDDINGTON CT	DUBLIN	OH	43017
273004044	Franklin	ANDREWS GREGORY J & LISA E	5157 REDDINGTON CT	DUBLIN	OH	43017
273004045	Franklin	THOMAS EDWARD J THOMAS ERIN E	5165 REDDINGTON CT	DUBLIN	OH	43017
273004046	Franklin	AGHILI-MEHRIZI MOHAMMAD	5173 REDDINGTON CT	DUBLIN	OH	43017
273004047	Franklin	HUNTER CAROL A	5183 REDDINGTON CT	DUBLIN	OH	43017
273004048	Franklin	KING DAVID L & SHERRI L	5191 REDDINGTON CT	DUBLIN	OH	43017
273004536	Franklin	HERRON DONN J TR	5051 BRAND RD	DUBLIN	OH	43017
273004542	Franklin	CIRIACO ANTHONY C & MARTHA H	4915 BRAND RD	DUBLIN	OH	43017
273004716	Franklin	MERCER RONALD L MERCER CHRISTINE	5019 BRAND RD	DUBLIN	OH	43017
273004717	Franklin	HUBLER LLOYD E III & JULIE P	5025 BRAND RD	DUBLIN	OH	43017
273006934	Franklin	JURAS MARK E @(2)	7453 KATESBRIDGE CT	DUBLIN	OH	43017
273006935	Franklin	WU WILLIAM & SUSAN S	7459 KATESBRIDGE CT	DUBLIN	OH	43017
273006936	Franklin	PAGNATTA FRANK A & KATARINA M	7465 KATESBRIDGE CT	DUBLIN	OH	43017
273006937	Franklin	GOOD FREDERICK J JR & SCARLETT J	7471 KATESBRIDGE CT	DUBLIN	OH	43017
273006938	Franklin	MCDONALD JEFFRY S & ERNELEE P	7477 KATESBRIDGE CT	DUBLIN	OH	43017
273006939	Franklin	SNIDER JAMES M TR SNIDER CYNTHIA B TR	7483 KATESBRIDGE CT	DUBLIN	OH	43017
273006955	Franklin	CITY OF DUBLIN	COVENTRY WOODS DR	DUBLIN	OH	43017
273007600	Franklin	TU LI ZHU QIN	7477 MCCARTHY CT	DUBLIN	OH	43017
273007601	Franklin	GIHA JASON M GIHA KATE S	7483 MCCARTHY CT	DUBLIN	OH	43017
273007602	Franklin	MCCARTHY JOSEPH J & SUSAN E	7489 MCCARTHY CT	DUBLIN	OH	43017
273007603	Franklin	HANDLER MICHAEL I & JANET D	7495 MCCARTHY CT	DUBLIN	OH	43017
273007604	Franklin	ONKEN JANICE F TR	5029 BALLYBRIDGE DR	DUBLIN	OH	43017
273007605	Franklin	INGRAM BRETT A & TRACY A	5035 BALLYBRIDGE DR	DUBLIN	OH	43017
273007606	Franklin	YOUNG STEPHEN J YOUNG ANN C	5041 BALLYBRIDGE DR	DUBLIN	OH	43017

WELLINGTON RESERVE

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273007607	Franklin	ORZO MICHAEL E ORZO MICHELLE N	5047 BALLYBRIDGE DR	DUBLIN	OH	43017
273007608	Franklin	FELDMANN MARTIN E FELDMANN COLLETTE J	5053 BALLYBRIDGE DR	DUBLIN	OH	43017
273007609	Franklin	CHRISTMAS COLIN ET AL	5059 BALLYBRIDGE DR	DUBLIN	OH	43017
273007610	Franklin	JACOBS ROGER E TR	5065 BALLYBRIDGE DR	DUBLIN	OH	43017
273007611	Franklin	CHITTIPROLU JAGAN R TR CHITTIPROLU VIJAYA V TR	7514 KILBRITTAIN LN	DUBLIN	OH	43017
273007612	Franklin	TRIPLETT MATTHEW R TRIPLETT GAIL M	7508 KILBRITTAIN LN	DUBLIN	OH	43017
273007613	Franklin	ENSMINGER MICHAEL J WHITSON JENNIFER A	7502 KILBRITTAIN LN	DUBLIN	OH	43017
273007614	Franklin	LANDIS BRIAN S	7496 KILBRITTAIN LN	DUBLIN	OH	43017
273007615	Franklin	VENUGOPAL RAGHANATH PALANISWAMY HAMSAVENI	7490 KILBRITTAIN LN	DUBLIN	OH	43017