



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

ADMINISTRATIVE REVIEW APPLICATION

(Code Section 99.06, 153.037)

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.

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 7377 Riverside Drive Dublin OH 43017	
Tax ID/Parcel Number(s): 273-008821 273-008822 273-008823 273-008824 273-008825 ** 273-008826 - 80 **	Parcel Size(s) (Acres): 0.100
Existing Land Use/Development: [495] Other Commercial	Existing Zoning:

PLEASE COMPLETE THE FOLLOWING:
Describe the Existing Land Use/Development: Wireless facility / monopole tree
Describe the Request: Add three antennas to existing Rad center, no groundwork.

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

Name (Individual or Organization): Village of Dublin Ohio	
Mailing Address: (Street, City, State, Zip Code) 5200 Emerald PKWY Dublin OH 43017	
Daytime Telephone: 614 410 4400	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>Crown Castle</u>	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): <u>Crown Castle</u>	
Mailing Address: (Street, City, State, Zip Code) <u>10300 Ormsby Park Place Suite 501 Louisville KY 40223</u>	
Daytime Telephone: <u>502 318 1325</u>	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: <u>Bryan Brawner</u>	
Organization (Owner, Developer, Contractor, etc.): <u>Crown Castle</u>	
Mailing Address: (Street, City, State, Zip Code) <u>10300 Ormsby Park Place Suite 501 Louisville KY 40223</u>	
Daytime Telephone: <u>502-318-1325</u>	Fax:
Email or Alternate Contact Information: <u>bryan.brawner@CrownCastle.com</u>	

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 _____

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 <u>Bryan Brawner</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>2/10/2014</u>

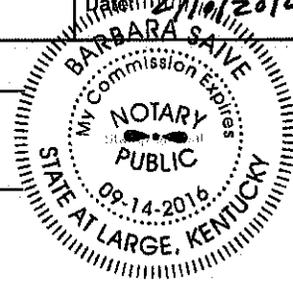
VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water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

I <u>Bryan Brauner</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: <u>Mylan Manner</u>	Date: <u>2/10/2014</u>

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

I <u>Mylan Manner Bryan Brauner</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: <u>Mylan Manner</u>	Date: <u>2/10/2014</u>

Subscribed and sworn to before me this 10th day of February, 2014
 State of Kentucky
 County of Jefferson Notary Public Barbara Sawe



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:			