



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): 5721 Shier Rings Road, Columbus, Ohio 43005	
Tax ID/Parcel Number(s): 273601532	Parcel Size(s) (Acres):
Existing Land Use/Development: Telecommunications Tower	Existing Zoning: TF

PLEASE COMPLETE THE FOLLOWING:

Describe the Existing Land Use/Development:
existing telecomm tower used for wireless communication technology

Describe the Request:
T-Mobile adding/swapping antennas on the existing tower

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

Name (Individual or Organization): Columbus Southern Power Corp. (AEP Ohio)	
Mailing Address: (Street, City, State, Zip Code) 700 Morrison Road, Gahanna, OH 43230	
Daytime Telephone: 1-888-710-4237	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>T-Mobile</u>	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.):	
Mailing Address: (Street, City, State, Zip Code) <u>8550 W. Bry Mawr Suite 100, Chicago, IL 60631</u>	
Daytime Telephone:	Fax:
Email or Alternate Contact Information: <u>Denise.Vestuto@t-mobile.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>Bryan Eaton</u>
Organization (Owner, Developer, Contractor, etc.): <u>SBA Network Services</u>
Mailing Address: (Street, City, State, Zip Code) <u>470 Davidson Road, Pittsburgh, PA 15239</u>
Daytime Telephone: <u>412-515-0111 ext 2408</u> Fax: <u>412-515-0119</u>
Email or Alternate Contact Information: <u>beaton@sba-site.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, Dana Berry - Dana A. Berry REP Ohio Authorized Signer, the owner, hereby authorize Bryan Eaton (SBA Network Services) 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: 2/03/2014

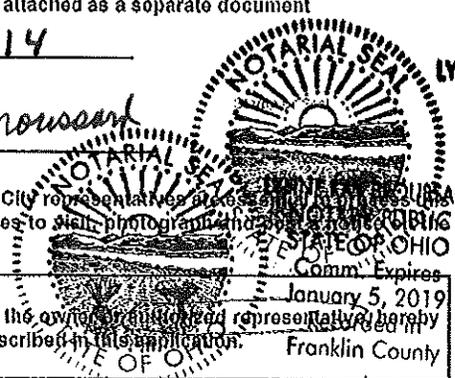
Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

Subscribed and sworn before me this 3rd day of February, 2014

State of Ohio

County of Franklin

Notary Public Lynne Kay Broussard



VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives in 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, Bryan Eaton (rep for SBA/T-Mobile), the owner, authorize and representative(s) 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: 2/11/14

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, Bryan Eaton (rep for SBA/Mobile), 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: 2/11/14

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

I, Bryan Eaton (rep for SBA/Mobile), 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: 2/11/14

Subscribed and sworn to before me this 11th day of February, 20 14
 State of PA
 County of Allegheny Notary Public [Signature]



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:			