City of Dublin

Case # 14 - 020MPR

APPLICATION FOR **DEVELOPMENT**

PLEASE CHECK THE TYPE OF REVIEW

- ☒ West Innovation Districts (Zoning Code Sections 153.037 - 153.043)
- ☐ Bridge Street Corridor Districts (Zoning Code Sections 153.057- 153.066)
- ☒ Wireless Communication Facility (Chapter 99)

PLEASE CHECK THE APPLICATION TYPE

- ☐ Basic Plan Review
- ☒ Minor Project
- ☐ Development Plan Review
- ☐ Site Plan Review
- ☐ Waiver Review
- ☐ Master Sign Plan
- ☐ Open Space Fee-in-Lieu
- ☐ Parking Plan
- ☐ City Council Appeal
- ☐ Administrative Departure

Wireless Applications

- ☐ New Tower
- ☐ Co-Location
- ☐ Alternative Structure
- ☐ Temporary

The following applications require review and decision by the **Planning and Zoning Commission, Board of Zoning Appeals,** or **Architectural Review Board**, but may be submitted concurrently with another application.

Check any that apply:

- ☐ Conditional Use
- ☐ Rezoning
- ☐ Administrative Appeal
- ☐ Project involving modifications to property within the Architectural Review District
- ☐ Other:_____

SUBMISSION REQUIREMENTS

- ☐ **Fee** (refer to the approved fees list)
- ☐ **Electronic Copies** of all application materials (PDF, JPEG, Word, etc. as appropriate)
- ☐ **Submission Requirements** for each type of application (refer to checklists)
- ☐ **Legal Description and/or Property Survey** for the subject property

I. PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attach additional sheets if necessary.

Property Address(es): 4395 W. Dublin Granville Road	
Tax ID/Parcel Number(s): 273-008269	Parcel Size(s) in Acres: 14.04
Existing Land Use/Development: Shopping Center	Zoning District: GC / BSC

☐ Check this box if any **Administrative Departures** are requested and attach an Administrative Departure request form.

☐ Check this box if any **Waivers** are requested as part of the application for development and attach a Waiver Request form.

II. PROPERTY OWNER INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional pages if there are multiple property owners.

Name (Individual or Organization): MR/TSARR Owner, LLC	
Mailing Address: 1691 Michigan Avenue, Ste. 215 Miami Beach, FL 33139	
Daytime Telephone: 305-531-2426	Fax: 305-531-2428
Email or Alternate Contact Information: BGago@Masicapital.com	

FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

Date of Acceptance:	Next Decision Due Date:
Final Date of Decision:	Determination:
Director's (or Designee's) Signature:	

For questions or more information, please contact Land Use and Long Range Planning at (614) 410-4600 | www.dublin.oh.us

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III. APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s).

Name: (Individual or Organization) Robert J. Haring, D.D.S., Inc.	
Mailing Address: 100 N. High Street, Dublin, OH 43017	
Daytime Telephone: 614-761-3361	Fax:
Email or Alternate Contact Information: Bob@DrHaring.com	

IV. AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) authorized to represent the property owner and/or applicants.

Name: (Individual or Organization) Curtis Echelberry / Team DDS, Inc.	
Mailing Address: 7895 Dove Parkway, Canal Winchester, OH 43110	
Daytime Telephone: 614-395-8797	Fax:
Email or Alternate Contact Information: Curtis@Teamdds.com	

V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): Complete if applicable.

I, Camilo Miguel, Jr. on behalf of _____, the owner, hereby authorize Curtis Echelberry / Team DDS, Inc. to act as a **representative(s)** in all matters pertaining to the processing and approval of this application, including modifying the application. I agree to be bound by all representations and agreements made by the designated representative.

Signature of Current Property Owner: MR/TSARR Owner, LLC, a Delaware limited liability company By: MC/TSARR MM LLC, its Managing Member By: [signature], Authorized Representative	Date: 3/12/14

☐ Check this box if the original Authorization for Owner's Applican(s)/Representative(s) is attached as a separate document.

VI. 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 enter, photograph and post a notice on the property described in this application. This is optional, but recommended.

I, Curtis Echelberry / Team DDS, Inc., the **owner or authorized representative**, hereby authorize City representatives to enter, photograph and/or post a notice on the property described in this application.

Signature of Owner or Authorized Representative: [signature]	Date: 3-13-14

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

I, Curtis Echelberry / Team DDS, 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 Current Property Owner or Authorized Representative: [signature]	Date: 3-13-14

☐ Check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document.

Subscribed and sworn to before me this 13 day of MARCH, 2014

State of OHIO

County of FRANKLIN

(Notary Public)

JOHN S WALKO
Notary Public
In and for the State of Ohio
My Commission Expires
January 05, 2019

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