City of Dublin

Case # 14 - 070 BPR/PP

# APPLICATION FOR **DEVELOPMENT**

- ☑ 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)

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

**Wireless Applications**
- ☐ New Tower
- ☐ Alternative Structure
- ☐ Co-Location
- ☐ 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:_____

- ☐ **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): Intersection of Dale Dr and Riverside Dr.

| Tax ID/Parcel Number(s): | | Parcel Size(s) in Acres: | |
|---|---|---|---|
| 273-008831 | 273-008856 | +/- 0.1 Acres | +/- 0.9 Acres |
| 273-008832 | 273-008857 | +/- 0.8 Acres | +/- 0.1 Acres |
| 273-008834 | 273-008858 | +/- 1.6 Acres | +/- 0.2 Acres |
| 273-008838 | 273-008994 | +/- 0.3 Acres | +/- 3.3 Acres |

| Existing Land Use/Development: | Zoning District: |
|---|---|
| Commercial Development | BSD Scioto River Neighborhood District |

☐ 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):
BPACQ LLC

Mailing Address:
555 Metro Place N
Ste 600
Dublin, Ohio 43017

| Daytime Telephone: | Fax: |
|---|---|
| 614-335-2020 | 614-850-9191 |

Email or Alternate Contact Information:
NYoder@crawfordhoying.com

## FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

| Date of Acceptance: | Next Decision Due Date: |
|---|---|
| 7/9/14 | |
| Final Date of Decision: | Determination: |
| Director's (or Designee's) Signature: | |



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CITY OF DUBLIN
PLANNING

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

| | |
|---|---|
| Name: (Individual or Organization) Nelson Yoder | |
| Mailing Address: 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 | |
| Daytime Telephone: 614-335-2020 | Fax: 614-850-9191 |
| Email or Alternate Contact Information: NYoder@crawfordhoying.com | |

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

| | |
|---|---|
| Name: (Individual or Organization) | |
| Mailing Address: | |
| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |

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

I, _____, the **owner**, hereby authorize _____ 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: | Date: |

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**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, Nelson Yoder, 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: | Date: 7/9/2014 |

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

I, Nelson Yoder, 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: | Date: 7/9/2014 |

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

Subscribed and sworn to before me this 9th day of July, 20 14

State of Ohio

County of Franklin

NOTARIAL SEAL (Notary Public Seal)

Kelsey R. Winzeler
Notary Public, State of Ohio
My Commission Expires 04-22-2019

City of Dublin

Case # _____-_____

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

| Property Address(es): 6720 Riverside Dr. | |
|---|---|
| Tax ID/Parcel Number(s): 273-012471 | Parcel Size(s) in Acres: +/- 15.1 Acres |
| Existing Land Use/Development: Commercial Development | Zoning District: BSD Scioto River Neighborhood District |

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☐ 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): Scioto Tuller Acquisition, LLC | |
|---|---|
| Mailing Address: 555 Metro Place N<br>Ste 600<br>Dublin, Ohio 43017 | |
| Daytime Telephone: 614-335-2020 | Fax: 614-850-9191 |
| Email or Alternate Contact Information: NYoder@crawfordhoying.com | |

**FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE**

| Date of Acceptance: | Next Decision Due Date: |
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| Final Date of Decision: | Determination: |
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|---|---|
| Name: (Individual or Organization) Nelson Yoder | |
| Mailing Address: 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 | |
| Daytime Telephone: 614-335-2020 | Fax: 614-850-9191 |
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| Name: (Individual or Organization) | |
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| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |

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| | |
|---|---|
| Signature of Owner or Authorized Representative: | Date: 7/9/2014 |

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

I, Nelson Yoder, 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: | Date: 7/9/2014 |

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

Subscribed and sworn to before me this 9th day of July, 20 14

State of Ohio

County of Franklin

NOTARIAL SEAL — Notary Public Seal

Kelsey R. Winzeler
Notary Public, State of Ohio
My Commission Expires 04-22-2019

City of Dublin

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Check any that apply:

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

- ☐ **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): Riverside Dr. | |
|---|---|
| Tax ID/Parcel Number(s):<br>273-012463<br>273-012427<br>273-012429<br>273-012430 | Parcel Size(s) in Acres:<br>+/- 1.1 Acres<br>+/- 12.9 Acres<br>+/- 0.02 Acres<br>+/- 1.3 Acres |
| Existing Land Use/Development:<br>Commercial Development | Zoning District:<br>BSD Scioto River Neighborhood District |

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☐ 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): City of Dublin Ohio | |
|---|---|
| Mailing Address: 5200 Emerald Pkwy<br>Dublin, Ohio 43017 | |
| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |

**FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE**

| Date of Acceptance: | Next Decision Due Date: |
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| Name: (Individual or Organization) | Nelson Yoder |
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| Email or Alternate Contact Information: | NYoder@crawfordhoying.com |

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State of Ohio

County of Franklin

(Notary Public Seal)

NOTARIAL SEAL

Kelsey R. Winzeler
Notary Public, State of Ohio
My Commission Expires 04-22-2019

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

| Property Address(es): 4351 Dale Dr | |
|---|---|
| Tax ID/Parcel Number(s): 273-008867 | Parcel Size(s) in Acres: +/- 2.0 Acres |
| Existing Land Use/Development: Commercial Development | Zoning District: BSD Scioto River Neighborhood District |

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| Name (Individual or Organization): Dublin Imaging and Sports Medicine Building, LTD | |
|---|---|
| Mailing Address: 1695 Old Henderson Road Columbus, Ohio 43220 | |
| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |

**FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE**

| Date of Acceptance: | Next Decision Due Date: |
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|---|---|
| Name: (Individual or Organization) | Nelson Yoder |
| Mailing Address: | 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 |
| Daytime Telephone: 614-335-2020 | Fax: 614-850-9191 |
| Email or Alternate Contact Information: | NYoder@crawfordhoying.com |

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State of Ohio

County of Franklin

NOTARIAL SEAL

Notary Public Signature

Kelsey R. Winzeler
Notary Public, State of Ohio
My Commission Expires 04-22-2019

City of Dublin

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| Property Address(es): 4500 Dale Dr | |
|---|---|
| Tax ID/Parcel Number(s): 273-008998 | Parcel Size(s) in Acres: +/- 1.7 Acres |
| Existing Land Use/Development: Commercial Development | Zoning District: BSD Scioto River Neighborhood District |

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| Name (Individual or Organization): FHIT, LLC | |
|---|---|
| Mailing Address: 42 Woodcroft Trail<br>Beavercreek, Ohio 45430 | |
| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |

**FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE**

| Date of Acceptance: | Next Decision Due Date: |
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- ☐ Other:_____

- ☐ **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): Tuller Ridge Dr. | |
| Tax ID/Parcel Number(s): 273-009101 | Parcel Size(s) in Acres: +/- 1.8 Acres |
| Existing Land Use/Development: Commercial Development | Zoning District: BSD Scioto River Neighborhood District |

☐ 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): Invictus Land Holding LLC | |
| Mailing Address: 1605 NW Professional Plaza Columbus, Ohio 43220 | |
| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |

**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: | |



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CITY OF DUBLIN
PLANNING

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

| | |
|---|---|
| Name: (Individual or Organization) Nelson Yoder | |
| Mailing Address: 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 | |
| Daytime Telephone: 614-335-2020 | Fax: 614-850-9191 |
| Email or Alternate Contact Information: NYoder@crawfordhoying.com | |

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

| | |
|---|---|
| Name: (Individual or Organization) | |
| Mailing Address: | |
| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |

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

I, _____, the **owner**, hereby authorize _____ 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: | Date: |

☐ 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, Nelson Yoder, 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: | Date: 7/9/2014 |

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

I, Nelson Yoder, 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: | Date: 7/9/2014 |

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

Subscribed and sworn to before me this 9th day of July, 2014

State of Ohio

County of Franklin

NOTARIAL SEAL STATE OF OHIO

Kelsey R. Winzeler
Notary Public, State of Ohio
My Commission Expires 04-22-2019

July 9, 2014

Rachel Ray
Planner II
City of Dublin
5800 Shier Rings Road
Dublin, Ohio 43016

Subject: Bridge Park East Phase 1
Basic Development Plan, Development Plan & Preliminary Plat Submittal

Dear Rachel,

I, Fauzi Hidmi, of FHIT, LLC hereby authorize Nelson Yoder, Principal of Crawford Hoying, to act as a representative in all matters pertaining to the processing and approval of City of Dublin site development applications for the FHIT property located in the City of Dublin with a PID of 273-008998-00.

Please let me know if you should have any questions at faveryshell@aol.com.

Sincerely,

Fauzi Hidmi
FHIT, LLC

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CITY OF DUBLIN
PLANNING

# PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

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:

- ☐ Informal Review
- ☐ Concept Plan (Section 153.056(A)(1))
- ☐ Preliminary Development Plan / Rezoning (Section 153.053)
- ☐ Final Development Plan (Section 153.053(E))
- ☐ Amended Final Development Plan (Section 153.053(E))
- ☐ Standard District Rezoning (Section 153.018)
- ☐ Preliminary Plat (Section 152.015)
- ☐ Final Plat (Section 152.085)
- ☐ Conditional Use (Section 153.236)
- ☐ Corridor Development District (CDD) (Section 153.115)
- ☐ Corridor Development District (CDD) Sign (Section 153.115)
- ☐ Minor Subdivision
- ☐ Right-of-Way Encroachment
- ☐ Other (Please Specify): _____

Preliminary Plat

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): Intersection of Dale Dr. and Riverside Dr.

| Tax ID/Parcel Number(s): | | Parcel Size(s) (Acres): | |
|---|---|---|---|
| 273-008831 | 273-008856 | +/- 0.1 Acres | +/- 0.9 Acres |
| 273-008832 | 273-008857 | +/- 0.8 Acres | +/- 0.1 Acres |
| 273-008834 | 273-008858 | +/- 1.6 Acres | +/- 0.2 Acres |
| 273-008838 | 273-008994 | +/- 0.3 Acres | +/- 3.3 Acres |

Existing Land Use/Development: Commercial Development

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: Mixed Use

Total acres affected by application: +/- 38 Acres

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

Name (Individual or Organization): BPACQ LLC

Mailing Address: (Street, City, State, Zip Code): 555 Metro Place N
Ste 600
Dublin, Ohio 43017

Daytime Telephone: 614-335-2020

Fax: 614-850-9191

Email or Alternate Contact Information: NYoder@crawfordhoying.com

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CITY OF DUBLIN
PLANNING



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14-070 BPR/PP

**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: Nelson Yoder | Applicant is also property owner: yes ☑ no ☐ |
| Organization (Owner, Developer, Contractor, etc.): Crawford Hoying | |
| Mailing Address: (Street, City, State, Zip Code) 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 | |
| Daytime Telephone: 614-335-2020 | Fax: 614-850-9191 |
| Email or Alternate Contact Information: NYoder@crawfordhoying.com | |

**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 Nelson Yoder ☐, 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: 7/9/2014 |

**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 Nelson Yoder, 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: 7/9/14 |

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

| |
|---|
| I Nelson Yoder, 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: 7/9/14 |

Subscribed and sworn to before me this 9th day of July, 20 14

State of Ohio

County of Franklin

Notary Public

NOTARIAL SEAL STATE OF OHIO

Kelsey R. Winzeler
Notary Public, State of Ohio
My Commission Expires 04-22-2019

| 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:** | |

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:

- ☐ Informal Review
- ☐ Concept Plan (Section 153.056(A)(1))
- ☐ Preliminary Development Plan / Rezoning (Section 153.053)
- ☐ Final Development Plan (Section 153.053(E))
- ☐ Amended Final Development Plan (Section 153.053(E))
- ☐ Standard District Rezoning (Section 153.018)
- ☑ Preliminary Plat (Section 152.015)
- ☐ Final Plat (Section 152.085)
- ☐ Conditional Use (Section 153.236)
- ☐ Corridor Development District (CDD) (Section 153.115)
- ☐ Corridor Development District (CDD) Sign (Section 153.115)
- ☐ Minor Subdivision
- ☐ Right-of-Way Encroachment
- ☐ 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): 6720 Riverside Dr. | |
| Tax ID/Parcel Number(s): 273-012471 | Parcel Size(s) (Acres): +/- 15.1 Acres |
| Existing Land Use/Development: Commercial Development | |

| IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING: |
|---|
| Proposed Land Use/Development: Mixed Use |
| Total acres affected by application: +/- 38 Acres |

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

| | |
|---|---|
| Name (Individual or Organization): Scioto Tuller Acquisition, LLC | |
| Mailing Address: (Street, City, State, Zip Code) 555 Metro Place Ste. 600 Dublin, Ohio 43017 | |
| Daytime Telephone: 614-335-2020 | Fax: 614-850-9191 |
| Email or Alternate Contact Information: NYoder@crawfordhoying.com | RECEIVED |



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CITY OF DUBLIN
PLANNING

**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: Nelson Yoder | Applicant is also property owner: yes ☑ no ☐ |
| Organization (Owner, Developer, Contractor, etc.): Crawford Hoying | |
| Mailing Address: (Street, City, State, Zip Code) 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 | |
| Daytime Telephone: 614-335-2020 | Fax: 614-850-9191 |
| Email or Alternate Contact Information: NYoder@crawfordhoying.com | |

**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 _____

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 Nelson Yoder, 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: 7/9/2014 |

**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 Nelson Yoder, 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: 7/9/14 |

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

| |
|---|
| I Nelson Yoder, 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: 7/9/14 |

Subscribed and sworn to before me this 9th day of July, 20 14

State of Ohio

County of Franklin Notary Public

NOTARIAL SEAL STATE OF OHIO

Kelsey R. Winzeler
Notary Public, State of Ohio
My Commission Expires 04-22-2019

| 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:** | |

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
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# PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

## I. PLEASE CHECK THE TYPE OF APPLICATION:

- ☐ Informal Review
- ☐ Concept Plan (Section 153.056(A)(1))
- ☐ Preliminary Development Plan / Rezoning (Section 153.053)
- ☐ Final Development Plan (Section 153.053(E))
- ☐ Amended Final Development Plan (Section 153.053(E))
- ☐ Standard District Rezoning (Section 153.018)
- ☑ Preliminary Plat (Section 152.015)
- ☐ Final Plat (Section 152.085)
- ☐ Conditional Use (Section 153.236)
- ☐ Corridor Development District (CDD) (Section 153.115)
- ☐ Corridor Development District (CDD) Sign (Section 153.115)
- ☐ Minor Subdivision
- ☐ Right-of-Way Encroachment
- ☐ 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): Riverside Dr. | |
| Tax ID/Parcel Number(s):<br>273-012463<br>273-012427<br>273-012429<br>273-012430 | Parcel Size(s) (Acres):<br>+/- 1.1 Acres<br>+/- 12.9 Acres<br>+/- 0.02 Acres<br>+/- 1.3 Acres |
| Existing Land Use/Development: Commercial Development | |

| IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING: |
|---|
| Proposed Land Use/Development: Mixed Use |
| Total acres affected by application: +/- 38 Acres |

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

| | |
|---|---|
| Name (Individual or Organization): City of Dublin Ohio | |
| Mailing Address: (Street, City, State, Zip Code) | 5200 Emerald Pkwy<br>Dublin, Ohio 43017 |
| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |

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CITY OF DUBLIN
PLANNING

**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: Nelson Yoder | Applicant is also property owner: yes ☐ no ☑ |
| Organization (Owner, Developer, Contractor, etc.): Crawford Hoying | |
| Mailing Address: (Street, City, State, Zip Code) 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 | |
| Daytime Telephone: 614-335-2020 | Fax: 614-850-9191 |
| Email or Alternate Contact Information: NYoder@crawfordhoying.com | |

**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 _____

County of _____ Notary Public _____

Stamp or Seal

**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 Nelson Yoder, 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: 7/9/2024 |

**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 Nelson Yoder, 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: 7/9/2014 |

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

| |
|---|
| I Nelson Yoder, 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: 7/9/2014 |

Subscribed and sworn to before me this 9th day of July, 20 14

State of Ohio

County of Franklin

Notary Public [signature]

NOTARIAL SEAL STATE OF OHIO

Kelsey R. Winzeler
Notary Public, State of Ohio
My Commission Expires 04-22-2019

| 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:** | |

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:

- ☐ Informal Review
- ☐ Concept Plan (Section 153.056(A)(1))
- ☐ Preliminary Development Plan / Rezoning (Section 153.053)
- ☐ Final Development Plan (Section 153.053(E))
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- ☐ Final Plat (Section 152.085)
- ☐ Conditional Use (Section 153.236)
- ☐ Corridor Development District (CDD) (Section 153.115)
- ☐ Corridor Development District (CDD) Sign (Section 153.115)
- ☐ Minor Subdivision
- ☐ Right-of-Way Encroachment
- ☐ 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): 4351 Dale Dr. | |
| Tax ID/Parcel Number(s): 273-008867 | Parcel Size(s) (Acres): +/- 2.0 Acres |
| Existing Land Use/Development: Commercial Development | |

| IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING: |
|---|
| Proposed Land Use/Development: Mixed Use |
| Total acres affected by application: +/- 38 Acres |

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

| | |
|---|---|
| Name (Individual or Organization): Dublin Imaging and Sports Medicine Building, LTD | |
| Mailing Address: (Street, City, State, Zip Code) | 1695 Old Henderson Road Columbus, Ohio 43220 |
| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |

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CITY OF DUBLIN
PLANNING

**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: Nelson Yoder | Applicant is also property owner: yes ☐ no ☑ |
| Organization (Owner, Developer, Contractor, etc.): Crawford Hoying | |
| Mailing Address: (Street, City, State, Zip Code) 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 | |
| Daytime Telephone: 614-335-2020 | Fax: 614-850-9191 |
| Email or Alternate Contact Information: NYoder@crawfordhoying.com | |

**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 _____

County of _____ Notary Public _____

Stamp or Seal

**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 Nelson Yoder, 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: 7/9/2014 |

**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 Nelson Yoder, 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: 7/9/14 |

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

| |
|---|
| I Nelson Yoder, 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: 7/9/14 |

Subscribed and sworn to before me this 9th day of July, 20 14

State of Ohio

County of Franklin Notary Public

NOTARIAL SEAL STATE OF OHIO

Kelsey R. Winzeler
Notary Public, State of Ohio
My Commission Expires 04-22-2019

| 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: | |

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:

- ☐ Informal Review
- ☐ Concept Plan (Section 153.056(A)(1))
- ☐ Preliminary Development Plan / Rezoning (Section 153.053)
- ☐ Final Development Plan (Section 153.053(E))
- ☐ Amended Final Development Plan (Section 153.053(E))
- ☐ Standard District Rezoning (Section 153.018)
- ☑ Preliminary Plat (Section 152.015)
- ☐ Final Plat (Section 152.085)
- ☐ Conditional Use (Section 153.236)
- ☐ Corridor Development District (CDD) (Section 153.115)
- ☐ Corridor Development District (CDD) Sign (Section 153.115)
- ☐ Minor Subdivision
- ☐ Right-of-Way Encroachment
- ☐ 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): 4500 Dale Dr. | |
| Tax ID/Parcel Number(s): 273-008998 | Parcel Size(s) (Acres): +/- 1.7 Acres |
| Existing Land Use/Development: Commercial Development | |

| IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING: |
|---|
| Proposed Land Use/Development: Mixed Use |
| Total acres affected by application: +/- 38 Acres |

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

| | |
|---|---|
| Name (Individual or Organization): FHIT, LLC | |
| Mailing Address: (Street, City, State, Zip Code) | 42 Woodcroft Trail<br>Beavercreek, Ohio 45430 |
| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |

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JUL 09 2014
CITY OF DUBLIN
PLANNING



FILE COPY
14-070 BPR/PP

**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: Nelson Yoder | Applicant is also property owner: yes ☐ no ☑ |
| Organization (Owner, Developer, Contractor, etc.): Crawford Hoying | |
| Mailing Address: (Street, City, State, Zip Code) 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 | |
| Daytime Telephone: 614-335-2020 | Fax: 614-850-9191 |
| Email or Alternate Contact Information: NYoder@crawfordhoying.com | |

**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 _____

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| | |
|---|---|
| Signature of applicant or authorized representative: | Date: 7/9/2014 |

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| | |
|---|---|
| Signature of applicant or authorized representative: | Date: 7/9/2014 |

Subscribed and sworn to before me this 9th day of July, 20 14

State of Ohio

County of Franklin

Notary Public

NOTARIAL SEAL
STATE OF OHIO

Kelsey R. Winzeler
Notary Public, State of Ohio
My Commission Expires 04-22-2019

| 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:** | |

CITY OF DUBLIN
Land Use and
Long Range Planning
5800 Shier-Rings Road
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Phone/ TDD: 614-410-4600
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# PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

## I. PLEASE CHECK THE TYPE OF APPLICATION:

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- ☐ Minor Subdivision
- ☐ Right-of-Way Encroachment
- ☐ 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): Tuller Ridge Dr. | |
| Tax ID/Parcel Number(s): 273-009101 | Parcel Size(s) (Acres): +/- 1.8 Acres |
| Existing Land Use/Development: Commercial Development | |

| IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING: |
|---|
| Proposed Land Use/Development: Mixed Use |
| Total acres affected by application: +/- 38 Acres |

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

| | |
|---|---|
| Name (Individual or Organization): Invictus Land Holding LLC | |
| Mailing Address: (Street, City, State, Zip Code) | 1605 NW Professional Plaza Columbus, Ohio 43220 |
| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |



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JUL 09 2014
14-070 BPR/PP
CITY OF DUBLIN

**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: Nelson Yoder | Applicant is also property owner: yes ☐ no ☑ |
| Organization (Owner, Developer, Contractor, etc.): Crawford Hoying | |
| Mailing Address: (Street, City, State, Zip Code) 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 | |
| Daytime Telephone: 614-335-2020 | Fax: 614-850-9191 |
| Email or Alternate Contact Information: NYoder@crawfordhoying.com | |

**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) | |
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| Email or Alternate Contact Information: | |

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State of _____ Stamp or Seal

County of _____ Notary Public _____

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| Signature of applicant or authorized representative: [signature] Date: 7/9/2014 |

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

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|---|
| I Nelson Yoder, 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: 7/9/2014 |

Subscribed and sworn to before me this 9th day of July, 20 14

State of Ohio

County of Franklin

Notary Public [signature]

NOTARIAL SEAL STATE OF OHIO

Kelsey R. Winzeler
Notary Public, State of Ohio
My Commission Expires 04-22-2019

| 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: | |