



APPLICATION FOR DEVELOPMENT

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: Commercial Development		Zoning District: BSD Scioto River Neighborhood District	

- 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
- 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

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

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RECEIVED
JUL 09 2014
14-070 BPR/PP
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 Applicant(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



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

[Handwritten Signature]



APPLICATION FOR DEVELOPMENT

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(Zoning Code Sections 153.037 - 153.043)
- Bridge Street Corridor Districts
(Zoning Code Sections 153.057- 153.066)
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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 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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Date of Acceptance:	Next Decision Due Date:
Final Date of Decision:	Determination:
Director's (or Designee's) Signature:	

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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:
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Signature of Current Property Owner:	Date:

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 State of Ohio
 County of Franklin



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



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 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

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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)
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Property Address(es): Riverside Dr.	
Tax ID/Parcel Number(s): 273-01 2463 273-01 2427 273-01 2429 273-01 2430	Parcel Size(s) in Acres: +/- 1.1 Acres +/- 12.9 Acres +/- 0.02 Acres +/- 1.3 Acres
Existing Land Use/Development: Commercial Development	Zoning District: BSD Scioto River Neighborhood District

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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 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	
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:	
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 County of Franklin



Kelsey R. Winzeler
 Notary Public, State of Ohio
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City of Dublin

Case # _____ - _____

APPLICATION FOR DEVELOPMENT

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(Zoning Code Sections 153.037 - 153.043)
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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:	

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

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 State of Ohio
 County of Franklin



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

[Handwritten Signature]

Case # _____ - _____



APPLICATION FOR DEVELOPMENT

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

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

- West Innovation Districts (Zoning Code Sections 153.037 - 153.043)
- Bridge Street Corridor Districts (Zoning Code Sections 153.057- 153.066)
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Wireless Applications

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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): FHIT, LLC	
Mailing Address: 42 Woodcroft Trail 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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Director's (or Designee's) Signature:	

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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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 County of Franklin



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

[Handwritten Signature]

Case # _____ - _____



APPLICATION FOR DEVELOPMENT

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

Property Address(es): Dale Dr	
Tax ID/Parcel Number(s): 273-009155	Parcel Size(s) in Acres: +/- 1.2 Acres
Existing Land Use/Development: Commercial Development	Zoning District: BSD Scioto River Neighborhood District

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Name (Individual or Organization): Central Ohio Transit Authority	
Mailing Address: 33 N. High Street Columbus, Ohio 43215	
Daytime Telephone: 614-275-5867	Fax:
Email or Alternate Contact Information: bradleyml@cota.com	

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Director's (or Designee's) Signature:	

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Signature of Current Property Owner:	Date:
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 State of **Ohio**
 County of **Franklin**



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


Case # _____ - _____



City of Dublin

APPLICATION FOR DEVELOPMENT

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

- West Innovation Districts (Zoning Code Sections 153.037 - 153.043)
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- 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

- 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:	

FILE COPY

JUL 09 2014
14-070 BPR JPP
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 Applicant(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



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

[Handwritten Signature]

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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14-070 BPR/PP
CITY OF DUBLIN
PLANNING



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"/> Recommended 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.

Preliminary Plat

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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14-070 BPR/PP
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 <input checked="" type="checkbox"/> no <input type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Crawford Hoying	
Mailing Address: 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 (Street, City, State, Zip Code)	
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 <input checked="" type="checkbox"/> , 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 <u>Nelson Yoder</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:	Date: <u>7/9/14</u>

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

I <u>Nelson Yoder</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:	Date: <u>7/9/14</u>

Subscribed and sworn to before me this 9th day of July, 20 14
 State of Ohio
 County of Franklin Notary Public



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:

- | | |
|---|--|
| <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 checked="" 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): 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	

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JUL 09 2014
14-070 BPR/PP
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 <input checked="" type="checkbox"/> no <input type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Crawford Hoying		
Mailing Address: 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 (Street, City, State, Zip Code)		
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 <input checked="" type="checkbox"/> , 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

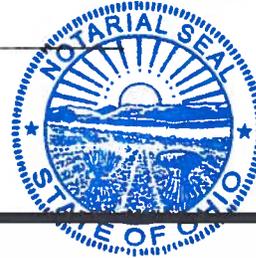
VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water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

I <u>Nelson Yoder</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: 	Date: <u>7/9/14</u>

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

I <u>Nelson Yoder</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: 	Date: <u>7/9/14</u>

Subscribed and sworn to before me this 9th day of July, 20 14
 State of Ohio
 County of Franklin Notary Public 



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:	

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:

- | | |
|---|--|
| <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 checked="" 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): Riverside Dr.	
Tax ID/Parcel Number(s): 273-012463 273-012427 273-012429 273-012430	Parcel Size(s) (Acres): +/- 1.1 Acres +/- 12.9 Acres +/- 0.02 Acres +/- 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 Dublin, Ohio 43017	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

RECEIVED

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 <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Crawford Hoying	
Mailing Address: 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 (Street, City, State, Zip Code)	
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

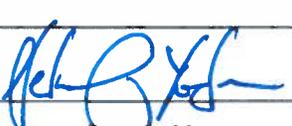
Subscribed and sworn before me this _____ day of _____, 20 _____

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 <input checked="" type="checkbox"/> , 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 <u>Nelson Yoder</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:	Date: <u>7/9/2014</u>

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

I <u>Nelson Yoder</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:	Date: <u>7/9/2014</u>

Subscribed and sworn to before me this 9th day of July, 2014
 State of Ohio
 County of Franklin Notary Public



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:

- | | |
|---|--|
| <input type="checkbox"/> Informal Review | <input type="checkbox"/> Final Plat
(Section 152.085) |
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(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)
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(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 checked="" 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): 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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JUL 09 2014
14-070 BPR/PP
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 <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Crawford Hoying	
Mailing Address: 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 (Street, City, State, Zip Code)	
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

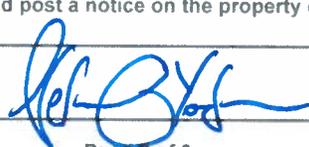
Subscribed and sworn before me this _____ day of _____, 20 _____

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 <input checked="" type="checkbox"/> , 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.

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.

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



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:	

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:

<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 checked="" 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): Dale Dr.	
Tax ID/Parcel Number(s): 273-009155	Parcel Size(s) (Acres): +/- 1.2 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): Central Ohio Transit Authority	
Mailing Address: 33 N. High Street Columbus, Ohio 43215 (Street, City, State, Zip Code)	
Daytime Telephone: 614-275-5867	Fax:
Email or Alternate Contact Information: bradleyml@cota.com	

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JUL 09 2014
14-070 BPR/PP
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 <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Crawford Hoying	
Mailing Address: 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 (Street, City, State, Zip Code)	
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

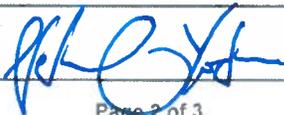
Subscribed and sworn before me this _____ day of _____, 20 _____

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 <input checked="" type="checkbox"/> , 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, <u>Nelson Yoder</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:	Date: <u>7/9/2014</u>

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

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Signature of applicant or authorized representative:	Date: <u>7/9/2014</u>

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

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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:

- | | |
|---|--|
| <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 checked="" 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): 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: 42 Woodcroft Trail Beavercreek, Ohio 45430 (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

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14-070 BPR/PP
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 <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Crawford Hoying	
Mailing Address: 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 (Street, City, State, Zip Code)	
Daytime Telephone: 614-335-2020	Fax: 614-850-9191
Email or Alternate Contact Information: NYoder@crawfordhoying.com	

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Name:	
Organization (Owner, Developer, Contractor, etc.):	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

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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

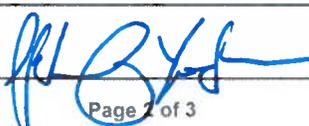
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State of _____

Stamp or Seal

County of _____ Notary Public _____

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 State of Ohio
 County of Franklin Notary Public



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

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Amount Received:	Application No:	P&Z Date(s):	P&Z Action:
Receipt No:	Map Zone:	Date Received:	Received By:
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Type of Request:			
N, S, E, W (Circle) Side of:			
N, S, E, W (Circle) Side of Nearest Intersection:			
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Existing Zoning District:		Requested Zoning District:	

PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)



CITY OF DUBLIN

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Long Range Planning**
5800 Shier-Rings Road
Dublin, Ohio 43016-1236

Phone/ TDD: 614-410-4600
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Web Site: www.dublin.oh.us

I. PLEASE CHECK THE TYPE OF APPLICATION:

- | | |
|---|--|
| <input type="checkbox"/> Informal Review | <input type="checkbox"/> Final Plat
(Section 152.085) |
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(Section 153.056(A)(1)) | <input type="checkbox"/> Conditional Use
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| <input type="checkbox"/> Standard District Rezoning
(Section 153.018) | <input type="checkbox"/> Right-of-Way Encroachment |
| <input checked="" 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): 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: 1605 NW Professional Plaza Columbus, Ohio 43220 (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

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RECEIVED

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

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Name: Nelson Yoder	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Crawford Hoying	
Mailing Address: 555 Metro Place N, Ste. 600, Dublin, Ohio 43017 (Street, City, State, Zip Code)	
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Organization (Owner, Developer, Contractor, etc.):	
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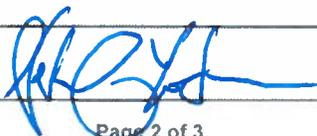
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State of _____

Stamp or Seal

County of _____ Notary Public _____

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Kelsey R. Winzeler
 Notary Public, State of Ohio
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