



Case # _____ - _____

APPLICATION FOR DEVELOPMENT

PLEASE CHECK THE TYPE OF REVIEW

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

PLEASE CHECK THE APPLICATION TYPE

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

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: Sign Variance
- Rezoning

SUBMISSION REQUIREMENTS

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

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

Property Address(es): 5125 Post Road	
Tax ID/Parcel Number(s): 273-002463-00	Parcel Size(s) in Acres: 3.029
Existing Land Use/Development: Developed	Zoning 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): Buckeye Lodge LLC	
Mailing Address: 8960 Gilg Street New Albany, Ohio 43054	
Daytime Telephone: 740-704-1273	Fax:
Email or Alternate Contact Information: Andivasani@gmail.com	

FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

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

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

Name: Jim Dooley Morrison Sign Company (Individual or Organization)	
Mailing Address: 2757 Scioto Parkway Columbus Ohio 43221	
Daytime Telephone: 614-276-1181	Fax: 614-274-6048
Email or Alternate Contact Information: jdooley@morrison signs.com	

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

Name: Triumph Signs (Individual or Organization)	
Mailing Address: 480 Milford Parkway	
Daytime Telephone: 513-576-8090	Fax: 513-576-8095
Email or Alternate Contact Information: sales@triumphsigns.com	

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: See attached letter of authorization	Date:
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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, _____, 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:
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VII. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, _____, 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:
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Check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document.

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

State of _____

{Notary Public Seal}

County of _____

II. MINOR PROJECT PLAN, CONTINUED

Building Types and Architecture		Not Applicable <input type="checkbox"/>
<input type="checkbox"/>	List and identify on the plans the building type(s) proposed (refer to §153.062). For each building type, complete and attach an Individual Building Type Requirement Table .	
<input type="checkbox"/>	The proposal involves an Existing Structure (refer to §153.062(B)(2)) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the original gross floor area of the Existing Structure, any proposed expansions to the Existing Structure (percentage and square footage), and/or a description of any proposed exterior architectural modifications (including percentage of modifications to the original building façades)	
<input type="checkbox"/>	Roof plans (refer to §153.062(D)), including slopes of pitched roofs and parapet height where applicable	
<input type="checkbox"/>	Building sections indicating story height (refer to §153.062(N)(2))	
<input type="checkbox"/>	Building façade elevations for all sides, dimensioned and drawn at an appropriate scale. Include all proposed vents, gutters, downspouts, air conditioning units, and utility elements.	
<input type="checkbox"/>	Building materials and colors labeled on all building elevations, including material specifications (refer to §153.062(E)). Identify the percentage of each type of material on each elevation, and the percentage used on the overall building.	
<input type="checkbox"/>	Conceptual building floor plans	
<input type="checkbox"/>	Provision of architectural details and material specification sheets (as appropriate), including building entrance design, mid-building pedestrianways, windows, shutters, awnings, canopies, balconies, porches, stoops, chimneys, vehicular canopies, etc. (refer to §153.062 for general building type requirements)	
<input type="checkbox"/>	Terminal vista treatments (if applicable) (refer to §153.062(J))	
<input type="checkbox"/>	Method of meeting building variety requirements (if applicable) (refer to §153.062(K))	

III. MINOR PROJECT REVIEW CRITERIA: The Administrative Review Team shall review the application for a Minor Project and approve, deny, or approve with conditions, based on the criteria of §153.066(F)(5) applicable to Site Plan Reviews. The decision on the Minor Project shall be provided not more than 14 days from the filing of the Minor Project Review application, unless otherwise agreed to in writing by the City and the applicant.

Review Criteria for Minor Projects (Site Plans)	
(a)	The Site Plan shall be substantially similar to the approved Basic Plan;
(b)	If a Development Plan has been approved that includes the property, the application is consistent with the Development Plan;
(c)	The application meets all applicable requirements of §153.059 and §§153.062 through 153.065 except as may be authorized by Administrative Departure(s) pursuant to §153.066(H);
(d)	The internal circulation system and driveways provide safe and efficient access for residents, occupants, visitors, emergency vehicles, bicycles, and pedestrians;
(e)	The relationship of buildings and structures to each other and to other facilities provides for the coordination and integration of the development within the surrounding area and the larger community and maintains the image of Dublin as a high quality community;
(f)	The application is consistent with the requirements for types, distribution, and suitability of open space in §153.064 and the site design incorporates natural features and site topography to the maximum extent practicable;
(g)	The scale and design of the proposed development allows the adequate provision of services currently furnished by or that may be required by the City or other public agency including, but not limited to, fire and police protection, public water and sanitary sewage services, recreational activities, traffic control, waste management, and administrative services;
(h)	Stormwater management systems and facilities will not cause alterations that could increase flooding or water pollution on or off the site, and removal of surface waters will not adversely affect neighboring properties;
(i)	If the development is to be implemented in phases, each phase is able to be considered independently, without the need for further phased improvements; and
(j)	The application demonstrates consistency with the BSC Vision Report, Community Plan and other related policy documents adopted by the City.



CITY OF DUBLIN

PERMANENT SIGN PERMIT APPLICATION

(Code Sections 153.150-153.164)

APPLICATION # _____

Review Services
5800 Shier-Rings Road
Dublin, OH 43016-1236

Phone: 614-410-4600
Fax: 614-718-4346
www.dublin.oh.us

NOTE: Partial or incomplete applications or sign drawings cannot be processed and will be returned to the applicant. Facsimiles of application forms or sign drawings are not accepted. Permit fees will be accepted only after the Permanent Sign Permit application has been approved. Please contact the Review Services at 614-410-4600 for assistance.

I. PLEASE SUBMIT THE FOLLOWING: (Please check if attached to this application)

- ONE (1) ORIGINAL SIGNED APPLICATION** – Applications signed by an agent of the land owner must include written documentation that the land owner agrees to the installation of the sign. A written affidavit from the land owner or a land owner-approved sign drawing is required.
- ONE (1) SCALED AND DIMENSIONED SITE PLAN** showing all existing signs and/or proposed signs, their size and height; all streets, property lines, buildings and recorded easements on the site. Dimension all setbacks for ground signs from all property lines and Right-of-Way.
- ONE (1) SCALED AND DIMENSIONED SIGN ELEVATION** of all proposed signs with applicable foundation/attachment details required by the Building Code. Scaled and dimensioned building elevations are required for all wall, window, canopy, and projecting signs.
- ONE (1) SCALED AND DIMENSIONED LANDSCAPE PLAN FOR NEW GROUND SIGNS**, listing the type, size, and quantity of all plants. See Section 153.158(D) of the City of Dublin Sign Code. **A landscape plan is not required for replacement face applications**

II. SIGN INFORMATION: * Denotes required information based on requirements of the sign code (if applicable to the type of sign requested)

Sign Location/Address *		5125 Post Rd	
Sign Copy/Message *		Red Roof Plus +	
Land Owner or Authorized Agent *	Telephone *	Andy VASANI Buckeye Lodging LLC	740-704-1273
Mailing Address *	Email *	8960 Gilg St New Albany 43054	Andy.VASANI@GMAIL.COM
Sign Contractor (If known)	Telephone		614-276-1181
Mailing Address	Email	2757 Scioto Pkwy Cols Oh 43221	MORRISONSIGNS.COM
Sign Type *			
<input type="checkbox"/> GROUND SIGN <input checked="" type="checkbox"/> WALL SIGN <input type="checkbox"/> WINDOW SIGN <input type="checkbox"/> PROJECTING SIGN <input type="checkbox"/> ENTRY FEATURE <input type="checkbox"/> OTHER			
Permit Type *		Size of Sign Face *	
<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input checked="" type="checkbox"/> OTHER		HEIGHT WIDTH SQ.FT. 10.687' 60.541' = 69.90'	
Setback from R/W or P/L For all Ground Signs *	Lot Frontage *	Building Frontage *	Width of Tenant Space *
	80'	57'	270'
Overall Height of Sign *	Sign Colors * (1)	(2)	(3) Maximum of Three
19'6"	Red, Black		
Sign Illumination * <input checked="" type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL <input type="checkbox"/> NOT ILLUMINATED <input type="checkbox"/> PROPOSED <input type="checkbox"/> EXISTING TO REMAIN OPAQUE BACKGROUNDS ARE REQUIRED FOR ALL PERMANENT SIGNS INCLUDING ON-SITE DIRECTIONAL SIGNS			
Signature of Land Owner/Agent *		Date *	
<input type="checkbox"/> LAND OWNER <input checked="" type="checkbox"/> AGENT		7-9-14	

PLEASE DO NOT WRITE BELOW THIS LINE

RRI #20127 Dublin, OH



PROPOSED PLUS LOCATIONS



Front of Building



Rear of Building



Sketch No. RRI 20127 Dublin

Scale: Proportional

Date: 3/5/14 Revised: 7/3/14

Locations:
 Red Roof Inn #20127
 Dublin, OH



Drawing by: RP Checked by: BD

Please read carefully and check appropriate box:

- Sketch OK as is
- Sketch OK with changes
- New sketch required

Date _____ Signature _____

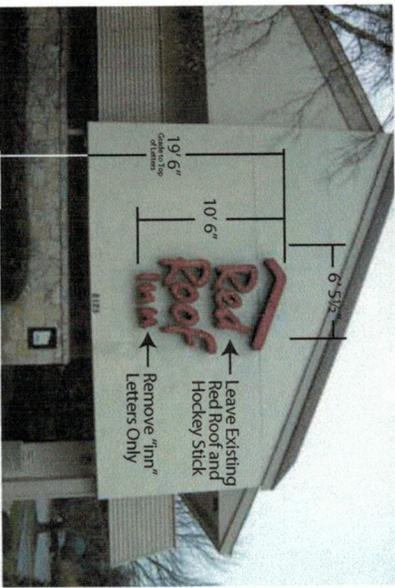
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RRI #20127 Dublin, OH

Front of Building

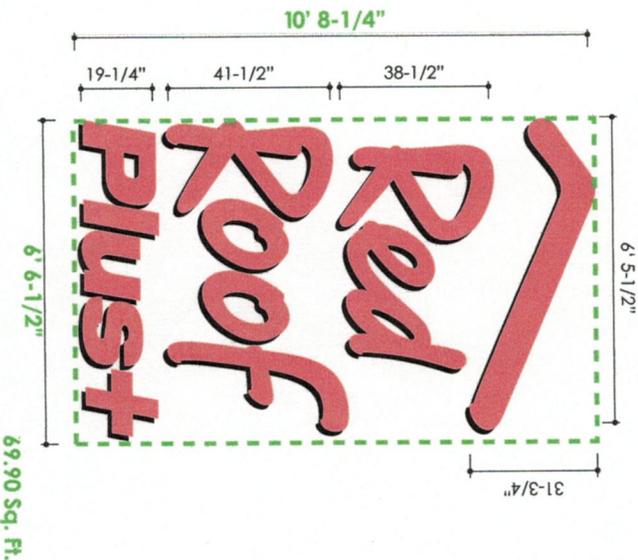
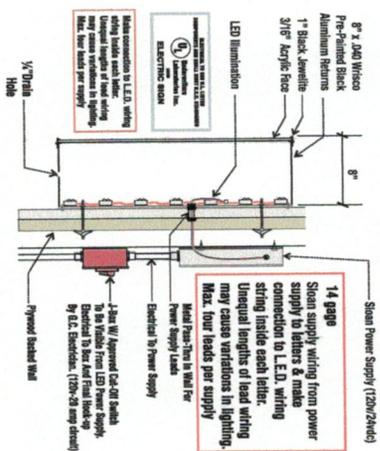


Proposed



Existing

TYPICAL SECTION DETAIL - FACE LIT INTERNALLY ILLUMINATED LETTERS



69.90 Sq. Ft.

480 Millford Parkway • Millford, OH 43150
 phone: 513-576-8976 • fax: 513-576-8975

Sketch No. RRI 20127 Dublin
 Scale: Proportional
 Date: 3/11/14 Revised: 7/3/14

Locations:
Red Roof Inn #20127
 Dublin, OH

Drawing by: RP Checked by: BD

- Specifications:**
- Face lit LED illuminated channel letters
 - UL approved with cut off switch.
 - Letters: Red LED's
 - Red Acrylic: #2793 Red

Please read carefully and check appropriate box:

Sketch OK as is Sketch OK with changes

New sketch required

Date _____ Signature _____

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Letter of Authorization

Property Owner/Agent Information:

Company Name: Buckeye Logistics LLC DBA Red Roof Plus

Mailing Address: 5125 Post Road

City: DUBLIN State: Ohio Zip: 43017

Contact: Judy Miller Phone: 614 764-3993

Fax: 614 764-0698 Email: JUDY@INNWITZHospitality.com

Site Address Information:

Company Name: SAME

Street Address: _____

City: _____ State: _____ Zip: _____

I, DEBORAH JACOBSON, owner/agent of Buckeye Logistics LLC

give Triumph Signs & Consulting, Inc. and their Authorized Vendor, Triumph Signs & Consulting Inc.

authorization to install signage at the above mentioned property. This letter shall also serve to authorize

Triumph Signs & Consulting, Inc. and their Authorized Vendor, Triumph Signs & Consulting Inc., to

act as our agent when applying for necessary municipal approvals and permits.

Signature of Property Owner/Agent: Deborah Jacobson

Printed Name: DEBORAH JACOBSON Date: 7-9-14

Melissa E. Pfister 07/09/14

