

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 checked="" 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 checked="" 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 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): 5555 Wall St.	
Tax ID/Parcel Number(s): 273-010195-00	Parcel Size(s) (Acres): Existing parent parcel is 5.176 +/-ac.
Existing Land Use/Development: Planned Commercial/Office	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: Personal Services Use (spa and beauty/hair salon) within existing building/structure

Total acres affected by application: 2.374

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

Name (Individual or Organization): Wall Street Holdings LLC	
Mailing Address: (Street, City, State, Zip Code) 5555 Wall St., Dublin, Ohio 43017	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: The Spa at River Ridge		Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
Organization (Owner, Developer, Contractor, etc.): Prospective Owner			
Mailing Address: 6570 Riverside Dr., Dublin, Ohio 43017 (Street, City, State, Zip Code)			
Daytime Telephone: 614-766-0046		Fax: 614-760-1898	
Email or Alternate Contact Information: Steve Hilbert, Manager, steve@thespaatriveridge.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: Laura MacGregor Comek, Esq.	
Organization (Owner, Developer, Contractor, etc.): Attorney	
Mailing Address: 500 S. Front St., 12th Fl., Columbus, Ohio 43215 (Street, City, State, Zip Code)	
Daytime Telephone: 614 229 4557 (office) 614 560 1488 (Cell)	Fax: 614 229 4559
Email or Alternate Contact Information: lcomek@cbjlawyers.com	

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, _____, Wall Street Holdings LLC, the owner, hereby authorize The Spa at River Ridge _____ 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, _____, Wall Street Holdings LLC, 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:

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, _____, Wall Street Holdings LLC, 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:

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

Steve Hilber, Manager, The Spa at River Ridge, 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:

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

State of _____

Stamp or Seal

County of _____ Notary Public _____

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:	