



**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 checked="" type="checkbox"/> <b>Informal Review</b>	<input type="checkbox"/> <b>Final Plat</b> (Section 152.085)
<input type="checkbox"/> <b>Concept Plan</b> (Section 153.056(A)(1))	<input type="checkbox"/> <b>Conditional Use</b> (Section 153.236)
<input type="checkbox"/> <b>Preliminary Development Plan / Rezoning</b> (Section 153.053)	<input type="checkbox"/> <b>Corridor Development District (CDD)</b> (Section 153.115)
<input type="checkbox"/> <b>Final Development Plan</b> (Section 153.053(E))	<input type="checkbox"/> <b>Corridor Development District (CDD) Sign</b> (Section 153.115)
<input type="checkbox"/> <b>Amended Final Development Plan</b> (Section 153.053(E))	<input type="checkbox"/> <b>Minor Subdivision</b>
<input type="checkbox"/> <b>Standard District Rezoning</b> (Section 153.018)	<input type="checkbox"/> <b>Right-of-Way Encroachment</b>
<input type="checkbox"/> <b>Preliminary Plat</b> (Section 152.015)	<input type="checkbox"/> <b>Other (Please Specify):</b> _____

\_\_\_\_\_

**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.

<b>Property Address(es):</b> 6510-6570 Perimeter Drive, Dublin, Ohio 43017 (Reserve "B" of Avery Place)	
<b>Tax ID/Parcel Number(s):</b> 273-011309-00	<b>Parcel Size(s) (Acres):</b> 2.930 Acres
<b>Existing Land Use/Development:</b> Neighborhood support retail center	

### IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

<b>Proposed Land Use/Development:</b> Modification to existing development plan to provide for a small building appendage and drive through window on the East end of the existing building, as shown on the attached site plan and building elevation drawing.
<b>Total acres affected by application:</b> 2.930

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

<b>Name (Individual or Organization):</b> Centre At Perimeter LLC	
<b>Mailing Address:</b> (Street, City, State, Zip Code) 1533 Lake Shore Drive, Columbus, Ohio 43204	
<b>Daytime Telephone:</b> 614-488-4424	<b>Fax:</b> 614-488-0603
<b>Email or Alternate Contact Information:</b> paulg@daimlergroup.com	

**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: Centre At Perimeter LLC		Applicant is also property owner: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): c/o The Daimler Group, Inc.		
Mailing Address: (Street, City, State, Zip Code) 1533 Lake Shore Drive, Columbus, Ohio 43204		
Daytime Telephone: 614-488-4424	Fax: 614-488-0603	
Email or Alternate Contact Information: paulg@daimlergroup.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: Paul G. Ghidotti	
Organization (Owner, Developer, Contractor, etc.): The Daimler Group, Inc.	
Mailing Address: (Street, City, State, Zip Code) 1533 Lake Shore Drive, Columbus, Ohio 43204	
Daytime Telephone: 614-488-4424	Fax: 614-488-0603
Email or Alternate Contact Information: paulg@daimlergroup.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 \_\_\_\_\_, 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:
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Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

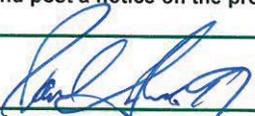
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

State of \_\_\_\_\_

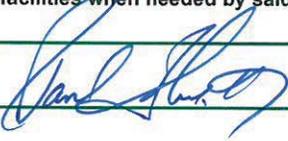
Stamp or Seal

County of \_\_\_\_\_ Notary Public \_\_\_\_\_

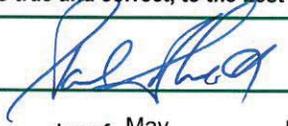
**VII. AUTHORIZATION TO VISIT THE PROPERTY:** Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

I Paul G. Ghidotti _____, 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: 5/12/14

**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>Paul G. Ghidotti</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: 5/12/14

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

I, <u>Paul G. Ghidotti</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: 5/12/14

Subscribed and sworn to before me this 12th day of May, 2014

State of Ohio

County of Franklin

Notary Public Jessica Corris



Stamp or Seal  
**JESSICA CORRIS**  
 Notary Public, State of Ohio  
 My Commission Expires 12-04-2018

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:	

**Property Report**

Generated on 05/12/14 at 01:01:36 PM

Parcel ID  
**273-011309-00**

Map Routing No  
**273-N090FFC -003-00**

Card No  
**1**

Location  
**6510 PERIMETER DR**

GIS



**Disclaimer**

This drawing is prepared for the real property inventory within this county. It is compiled from recorded deeds, survey plats, and other public records and data. Users of this drawing are notified that the public primary information source should be consulted for verification of the information contained on this drawing. The county and the mapping companies assume no legal responsibilities for the information contained on this drawing. Please notify the Franklin County GIS Division of any discrepancies.

The information on this web site is prepared for the real property inventory within this county. Users of this data are notified that the public primary information source should be consulted for verification of the information contained on this site. The county and vendors assume no legal responsibilities for the information contained on this site. Please notify the Franklin County Auditor's Real Estate Division of any discrepancies.

**Proximity Report Results**

3783568/9868773  
 The selection distance was **300 feet**.  
 The selected parcel was **273-011309**.

To view a table showing the **15 parcels** within the displayed proximity, scroll down.

- [Get Report](#)
- [Print Window](#)
- [Back to Proximity Report](#)

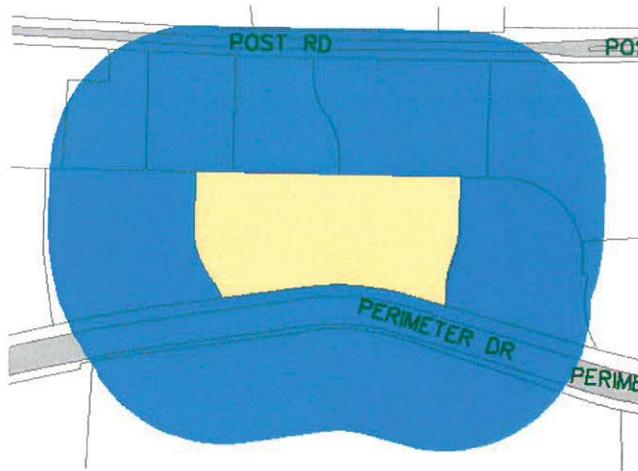


Image Date: Mon May 12 12:54:17 2014

**Proximity Parcels**

- Hint:** To copy this report to another program:
1. Hold down the left mouse button over the top-left corner of the area you want to get.
  2. Drag the mouse to the bottom-left corner of the desired area.
  3. Let go of the mouse button.
  4. Select **Edit Copy** from the menu bar.
- You can then Paste the report into another application.

Parcel	Owner Name	Address
273-012056	ANYTHING REALTY LLC	POST
273-011547	BRINDLES LLC	6600 PERIMETER
273-011309	CENTER AT PERIMETER LLC	6540 PERIMETER
273-011305	CHAMPAIGN NATIONAL BANK	6400 PERIMETER
273-004286	DUBLIN GERIATRIC CARE CO	6430 POST
273-008208	DUBLIN OAKS LIMITED	7000 -090 HOSPITAL
273-011304	HUNTINGTON NATIONAL BANK	6705 AVERY MUIRFIELD
273-012135	JEK MANAGEMENT LTD	6425 POST
273-000378	NORTHWEST PRESBYTERIAN CHURCH PCA I	6488 POST
273-011780	OHIOHEALTH CORP	HOSPITAL
273-011344	OSU EYE PHYSICIANS & SURGEONS LLC	6435 POST
273-012055	PERIMETER MOB LLC	POST
273-011303	PMDM-AVERY LLC	6695 -755 AVERY MUIRFIELD
273-007471	PRESBYTERIAN CHURCH IN AMERICA FOUN	6400 POST
273-011306	TRIPLET ROSE HOLDING CO LLC	6415 POST



Centre at Perimeter LLC Development Statement:

The proposed development is the addition of a building appendage on the East end of the existing building and the addition of a drive through lane in the East end of the existing parking lot to accommodate a Starbuck's Coffee in the East endcap of the building.



