



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 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): 7800 Brandonway Drive, Dublin 43017	
Tax ID/Parcel Number(s): 273-3996	Parcel Size(s) (Acres): 18.5 A
Existing Land Use/Development: Existing park.	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development:	Existing park with new fishing pier.
Total acres affected by application:	600 sf

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

Name (Individual or Organization): City of Dublin- Marsha Grigsby, City Manager	
Mailing Address: 5200 Emerald Parkway, Dublin 43017 (Street, City, State, Zip Code)	
Daytime Telephone: 614-410-4420	Fax: 614-761-6512
Email or Alternate Contact Information: mgrigsby@dublin.oh.us	

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: Fred Hahn, Parks and Open Space Director	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): City of Dublin	
Mailing Address: (Street, City, State, Zip Code) 6555 Shier Rings Road, Dublin 43016	
Daytime Telephone: 614-410-4706	Fax: 614-761-6512
Email or Alternate Contact Information: fhahn@dublin.oh.us/ lball@dublin.oh.us	

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: Fred Hahn, Parks and Open Space Director	
Organization (Owner, Developer, Contractor, etc.): Owner's representative	
Mailing Address: (Street, City, State, Zip Code) 6555 Shier Rings Road, Dublin 43016	
Daytime Telephone: 614-410-4706	Fax: 614-761-6512
Email or Alternate Contact Information: fhahn@dublin.oh.us/ lball@dublin.oh.us	

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, Marsha Grigsby, City Manager, the owner, hereby authorize Fred Hahn, Parks and Open Space Director 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: [Signature] Date: 9/2/14

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 2nd day of September, 2014

State of Ohio

County of Franklin

Notary Public [Signature]



JENNIFER L. DELGADO
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
January 02, 2018

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, Fred Hahn, Parks and Open Space Director, 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: [Signature] Date: 9-5-14

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>Fred Hahn, Parks and Open Space Director</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>9-5-14</u>

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

I, <u>Fred Hahn, Parks and Open Space Director</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>9-5-14</u>

Subscribed and sworn to before me this 5th day of September, 2014

State of Ohio

County of Franklin

Notary Public



Stamp or Seal
MARJALINE J. KEPLAR
 Notary Public, State of Ohio
 My Commission Expires 03-18-2017

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:	