



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 checked="" 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): 4091 Summitview Rd 43016	
Tax ID/Parcel Number(s): 273-008389-00	Parcel Size(s) (Acres): 13.347
Existing Land Use/Development: Vacant	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:	
Proposed Land Use/Development: Multi-Family Residential	
Total acres affected by application: 13.347	

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

Name (Individual or Organization): Homewood Corporation	
Mailing Address: 750 Northlawn Dr Columbus, Ohio (Street, City, State, Zip Code) 43214	
Daytime Telephone: 614-898-7200	Fax:
Email or Alternate Contact Information: jlipnos@homewoodcorp.com	

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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: <b>Jason Kambitsis</b>	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): <b>AR Building Co (Developer)</b>	
Mailing Address: <b>310 Seven Fields Blvd, Suite 350</b> (Street, City, State, Zip Code) <b>Seven Fields, PA 16046</b>	
Daytime Telephone: <b>724-741-2307</b>	Fax:
Email or Alternate Contact Information: <b>JASONK@ARBUILDING.COM</b>	

**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, JAMES L. LIPNOS, PRESIDENT of HOMEWOOD CORPORATION, the owner, hereby authorize AR BUILDING Co., JASON KAMBITIS 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: 9/19/14

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 19th day of SEPTEMBER, 20 14

State of OHIO

County of Franklin

Notary Public

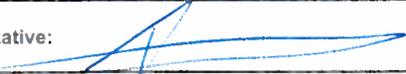
Sally Jo Baxter Falk



Sally Jo Baxter Falk  
Notary Public, State of Ohio  
My Commission Expires 06-20-2018

**VII. AUTHORIZATION TO VISIT THE PROPERTY:** Site visits to the property 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, Jason Kambitsis, authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.

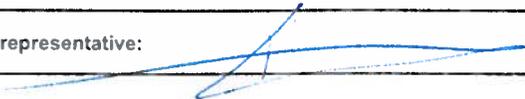
Signature of applicant or authorized representative:  Date: 9/18/14

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**CITY OF DUBLIN**  
**PI ANNING**

**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.

<u>Jason Kambitsis</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: 9/18/14

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

<u>Jason Kambitsis</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: 9/18/14

Subscribed and sworn to before me this 18<sup>th</sup> day of September, 20 14  
 State of Pennsylvania  
 County of Butler Notary Public Annette M. Provenza

COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Annette M. Provenza, Notary Public  
 Penn Hills Twp., Allegheny County  
 My Commission Expires Oct. 15, 2015

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:	

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