



**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"/> 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):	
Tax ID/Parcel Number(s):	Parcel Size(s) (Acres):  0.858 ac
Existing Land Use/Development: <i>vacant</i>	

### IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: <i>New free-standing medical facility</i>
Total acres affected by application: <i>0.858 ac</i>

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

Name (Individual or Organization):	<i>LTF Real Estate Company, Inc.</i>	
Mailing Address: (Street, City, State, Zip Code)	<i>2902 Corporate Place Chanhassen, MN 55317</i>	
Daytime Telephone:	<i>952-229-7415</i>	Fax:
Email or Alternate Contact Information:	<i>doster@lifetimefitness.com</i>	

**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: <u>Steve Meier</u>	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): <u>Hummel Investments, LLC</u>	
Mailing Address: (Street, City, State, Zip Code) <u>8117 Preston Road #120 Dallas, Tx. 75225</u>	
Daytime Telephone: <u>214-632-9611</u>	Fax: <u>214-416-9824</u>
Email or Alternate Contact Information: <u>steve@hummelinvestments.com</u>	

**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: <u>Brian Smallwood</u>	
Organization (Owner, Developer, Contractor, etc.): <u>Woolpert Engineers</u>	
Mailing Address: (Street, City, State, Zip Code) <u>one Easton Oval Suite 120 Columbus, Oh 43219</u>	
Daytime Telephone: <u>937-271-1763</u>	Fax: <u>614-476-6225</u>
Email or Alternate Contact Information: <u>brian.smallwood@woolpert.com</u>	

**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, Steve Meier with Hummel Investments, the owner, hereby authorize Steve Meier with Hummel Investments 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: 9/8/14

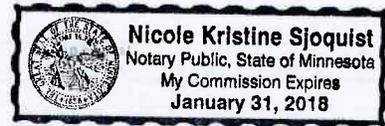
Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

Subscribed and sworn before me this 8<sup>th</sup> day of September, 20 14

State of Minnesota

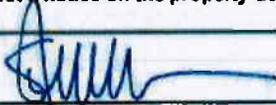
County of Carver

Notary Public Nicole K Sjoquist



**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, Steve C. Meier, the owner or authorized representative, hereby authorize City representatives to visit, photograph and post notice on the property described in this application.

Signature of applicant or authorized representative:  Date: 9/8/14