

Paid \$1835⁰⁰ ck - 10/23/2014 Jm

January 2009

ADMINISTRATIVE REVIEW APPLICATION

(Code Section 99.06, 153.037)



CITY OF DUBLIN.

Land Use and
Long Range Planning
5800 Sher-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:

COIC Districts Select District: <input type="checkbox"/> HDP <input type="checkbox"/> LDP <input type="checkbox"/> I-VC <input type="checkbox"/> I-CC <input checked="" type="checkbox"/> Wireless Communication Facility	Application Type (COIC Only) <input type="checkbox"/> Pre-Application Review <input type="checkbox"/> Development Plan Review <input checked="" type="checkbox"/> Administrative Review <input type="checkbox"/> Administrative Departures
--	--

Please utilize the applicable *Supplemental Application Requirements* sheet for additional submittal requirements.

II. PROPERTY INFORMATION: This section must be completed.

CL M3049

Property Address(es): 6924 RIVERSIDE DR	
Tax ID/Parcel Number(s): 273-012295	Parcel Size(s) (Acres):
Existing Land Use/Development:	Existing Zoning: BSC

PLEASE COMPLETE THE FOLLOWING:

Describe the Existing Land Use/Development:
WIRELESS COMMUNICATION FACILITY

Describe the Request: VERILION WIRELESS IS PROPOSING TO REPLACE 12 ANTENNAS WITH 12 NEW ANTENNAS, PROPOSING TO INSTALL 6 RADIO UNITS BEHIND ANTENNAS AND REPLACE 3 EXISTING RADIO UNITS. PROPOSING ONE SMALL DISTRIBUTION BOX ABOVE MOUNT WITH ONE NEW CABLE ON THE OUTSIDE OF THE POLE.

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

Name (Individual or Organization): BVH ASSOCIATES LLC	
Mailing Address: (Street, City, State, Zip Code) 4590 INDIANOLA AVE., COLUMBUS, OH 43214	
Daytime Telephone: 614-766-1222	Fax: 614-766-7904
Email or Alternate Contact Information:	

FILE COPY

RECEIVED

OCT 23 2014

CITY OF DUBLIN
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: <u>VERIZON WIRELESS</u>	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): <u>TODD BARTHOLST</u>	
Mailing Address: (Street, City, State, Zip Code) <u>7575 COMMENCE CT, LEWIS CENTER, OH 43035</u>	
Daytime Telephone: <u>614-738-9028</u>	Fax:
Email or Alternate Contact Information: <u>TODD.BARTHOLST@VERIZONWIRELESS.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>PBM WIRELESS SERVICES</u>	
Organization (Owner, Developer, Contractor, etc.): <u>MATT MEYERS</u>	
Mailing Address: (Street, City, State, Zip Code) <u>5766 HARBUS CT, HILLIARD OH 43026</u>	
Daytime Telephone: <u>614-806-7664</u>	Fax: <u>614-334-0958</u>
Email or Alternate Contact Information: <u>MMeyers@pbmws.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, BVH ASSOCIATES LLC, the owner, hereby authorize PBM WIRELESS SERVICES / MATT MEYERS 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: Robert A. Hanson Date: 10/6/2014

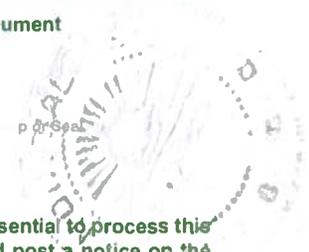
Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

Subscribed and sworn before me this 6TH day of OCT, 20 14

State of OHIO

County of FRANKLIN

Notary Public Jane M. Rosen
My Comm. Expires 8-24-2019



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, BVH ASSOCIATES 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: Robert A. Hanson Date: 10/6/2014

FILE COPY

OCT 23 2014

CITY OF DUBLIN
PLANNING

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>BVH ASSOCIATES LLC</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: <u>Robert A. Hanson</u>	Date: <u>10/6/2014</u>

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

I MATT MEYERS, AGENT FOR VERIZON WIRELESS, 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: <u>[Signature]</u>	Date: <u>10-6-14</u>
---	----------------------

Subscribed and sworn to before me this 6th day of OCTOBER, 20 14
 State of OHIO
 County of FRANKLIN

Notary Public [Signature]
 Stamp or Seal
KRISTOPHER M NICKEL
 Notary Public
 In and for the State of Ohio
 My Commission Expires
January 12, 2016

FOR OFFICE USE ONLY			
Amount Received:	Application No:	ART Decision:	ART Action:
Receipt No:	Map Zone:	Date Received:	Received By:
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:			

FILE COPY

RECEIVED
 OCT 23 2014
 CITY OF DUBLIN
 PLANNING