

# PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)



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

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OCT 23 2014  
14-102 CU/A FDP  
CITY OF DUBLIN  
PLANNING

## 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 checked="" 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 checked="" 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): 7048 HOSPITAL DR	
Tax ID/Parcel Number(s): 273-008208-00	Parcel Size(s) (Acres): 15.053
Existing Land Use/Development: NEIGHBORHOOD SHOPPING CENTER	

### IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: N/A
Total acres affected by application:

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

Name (Individual or Organization): DUBLIN OAKS LIMITED	
Mailing Address: (Street, City, State, Zip Code) 250 CIVIC CENTER DR. SUITE 500 COLUMBUS, OH 43215	
Daytime Telephone: 614-227-3476	Fax: 614-221-6687
Email or Alternate Contact Information: BENJELHARDT @ CASTOINFO.COM	

FILE COPY

**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>BRANDON SALAMONE</u> <u>(SLICE OF DUBLIN, LLC.)</u>		Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): <u>SLICE OF DUBLIN, LLC.</u>		
Mailing Address: (Street, City, State, Zip Code) <u>1077 SAY AVE, COLUMBUS, OH 43201</u>		
Daytime Telephone: <u>513-505-6536</u>	Fax: <u>614-408-3102</u>	
Email or Alternate Contact Information: <u>BRANDON.SALAMONE@GMAIL.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:	
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 BRUCE ENGELHARDT AS OWNER'S AGENT, the owner, hereby authorize LA ROSA'S [SLICE OF DUBLIN, LLC] 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] AS OWNER'S AGENT Date: 10/23/14

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 23rd day of October, 2014  
 State of OHIO  
 County of FRANKLIN

Notary Public Helena Brus



**Helena Brus**  
 Notary Public, State of Ohio  
 My Commission Expires 09-14-2016

**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 BRUCE ENGELHARDT AS OWNER'S AGENT, 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] AS OWNER'S AGENT Date: 10/23/14

**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>BRANDON SALAMONE</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>10/23/14</u>

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

I <u>BRANDON SALAMONE</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>10/23/14</u>

Subscribed and sworn to before me this 23rd day of October, 2014  
 State of OHIO  
 County of FRANKLIN

Notary Public Helena Brus



**Helena Brus**  
 Notary Public, State of Ohio  
 My Commission Expires 09-14-201

FOR OFFICE USE ONLY			
Amount Received:	Application No: <u>14-102</u>	P&Z Date(s):	P&Z Action:
Receipt No:	Map Zone: <u>E-3</u>	Date Received: <u>10/23/14</u>	Received By:
City Council (First Reading):		City Council (Second Reading):	
City Council Action:		Ordinance Number:	
Type of Request: <u>Amended Final Development Plan &amp; Conditional Vsz</u>			
N, <u>S</u> , E, W (Circle) Side of: <u>Perimeter Drive</u>			
N, S, E, <u>W</u> (Circle) Side of Nearest Intersection: <u>Hospital Dr &amp; Aving-Muirfield Dr</u>			
Distance from Nearest Intersection:			
Existing Zoning District: <u>PVD</u>		Requested Zoning District: <u>---</u>	

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