



CITY OF DUBLIN, OH

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

ADMINISTRATIVE REVIEW APPLICATION

(Code Section 99.06, 153.037)

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

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 6780 Coffman Road, Dublin, Ohio 43017	
Tax ID/Parcel Number(s): 273-000325-90	Parcel Size(s) (Acres): 71.721 Acres
Existing Land Use/Development: Dublin-Coffman High School	Existing Zoning: Rural

PLEASE COMPLETE THE FOLLOWING:	
Describe the Existing Land Use/Development: Dublin-Coffman High School	
Describe the Request: See attached Statement of Need.	

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

Name (Individual or Organization): Board of Education of the Dublin Local School District	
Mailing Address: (Street, City, State, Zip Code) Superintendent, Dublin City Schools, 7030 Coffman Road, Dublin, Ohio 43017	
Daytime Telephone: 614-560-0335	Fax: None provided.
Email or Alternate Contact Information: None provided.	

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: David M. Minger	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Verizon Wireless	
Mailing Address: (Street, City, State, Zip Code) 7575 Commerce Court, Lewis Center, Ohio 43035	
Daytime Telephone: 614-561-8496	Fax: None.
Email or Alternate Contact Information: david.minger@verizonwireless.com	

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: Stephen Osborne	
Organization (Owner, Developer, Contractor, etc.): Dublin City Schools	
Mailing Address: (Street, City, State, Zip Code) 7030 Coffman Rd. Dublin, OH 43017	
Daytime Telephone: 614-764-5913	Fax: 614-761-5856
Email or Alternate Contact Information: osborne_stephen@dublinschools.net	

> **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 STEPHEN OSBORNE, Treasurer/CSD, the owner, hereby authorize David M. Minger, of Verizon Wireless 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: 10/29/14

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 29th day of October, 20 14
 State of Ohio
 County of Franklin



Edie Carton
 Notary Public, State of Ohio
 My Commission Expires 02-03-2018

> **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 STEPHEN OSBORNE, Treasurer/CSD, 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: 10/29/14

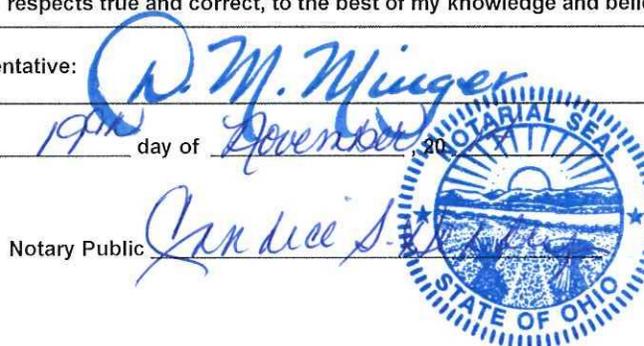
> **VIII. UTILITY DISCLAIMER:** The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

I <u>STEPHEN OSBORN, TAGORNA/CO</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>[Signature]</u>	Date: <u>10/29/14</u>

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

I <u>DAVID M. MINGER</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: <u>[Signature]</u>	Date: <u>11/19/2014</u>

Subscribed and sworn to before me this 19th day of November, 2014
 State of Ohio
 County of Franklin



CANDICE S HENDRY
 NOTARY PUBLIC - OHIO
 MY COMMISSION EXPIRES
 06-08-15

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:			