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:

- ☐ Informal Review
- ☐ Concept Plan (Section 153.056(A)(1))
- ☐ Preliminary Development Plan / Rezoning (Section 153.053)
- ☐ Final Development Plan (Section 153.053(E))
- ☑ Amended Final Development Plan (Section 153.053(E))
- ☐ Standard District Rezoning (Section 153.018)
- ☐ Preliminary Plat (Section 152.015)
- ☐ Final Plat (Section 152.085)
- ☐ Conditional Use (Section 153.236)
- ☐ Corridor Development District (CDD) (Section 153.115)
- ☐ Corridor Development District (CDD) Sign (Section 153.115)
- ☐ Minor Subdivision
- ☐ Right-of-Way Encroachment
- ☐ 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): 6565 Commerce Parkway, Dublin, OH 43017 | |
| Tax ID/Parcel Number(s): 273003966 | Parcel Size(s) (Acres): 13.24 |
| Existing Land Use/Development: Justice Center | |

| IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING: |
|---|
| Proposed Land Use/Development: Justice Center (renovation/ addition to existing facility) |
| Total acres affected by application: |

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

| | |
|---|---|
| Name (Individual or Organization): City of Dublin | |
| Mailing Address: (Street, City, State, Zip Code) 6555 Shier Rings Road Dublin, OH 43016 | |
| Daytime Telephone: 614-410-4403 | Fax: |
| Email or Alternate Contact Information: | |

**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: Amy Benetti | Applicant is also property owner: yes ☐ no ☑ |
| Organization (Owner, Developer, Contractor, etc.): MSA Architect | |
| Mailing Address: (Street, City, State, Zip Code) 580 North Fourth Street, Suite 250, Columbus, OH 43215 | |
| Daytime Telephone: 614-300-3357 | Fax: 866-545-8073 |
| Email or Alternate Contact Information: abenetti@msaarch.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: | |
| 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 Michelle L. Crandall, the owner, hereby authorize _____ 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: Michelle L Crandall | Date: 12/11/14 |

☐ 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 _____ day of _____, 20 _____

State of _____

County of _____ Notary Public _____

**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 Michelle L. Crandall, 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: Michelle L Crandall | Date: 12/11/14 |

**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 Michelle L Crandall, 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: Michelle L Crandall | Date: 12/11/14 |
|---|---|

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

I Michelle L. Crandall, 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: Michelle L Crandall | Date: 12/11/14 |
|---|---|

Subscribed and sworn to before me this 11 day of December, 20 14

State of Ohio

County of Franklin

Notary Public [signature] Exp 12/6/15

NOTARIAL SEAL STATE OF OHIO

| 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: | |