



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 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 checked="" 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): Cosgray Road	
Tax ID/Parcel Number(s): 274-000305 / 000342 272-000100 / 000113 / 000063 / 000208 / 000131	Parcel Size(s) (Acres): 51.05± acres
Existing Land Use/Development: Agricultural Uses	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:	
Proposed Land Use/Development:	Single family and condominium residential development
Total acres affected by application:	51.05 acres

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

Name (Individual or Organization): See attached sheet	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	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: Schottenstein Homes	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.):	
Mailing Address: 140 Mill Street, Suite A, Gahanna, OH 43230 (Street, City, State, Zip Code)	
Daytime Telephone: 478-1100	Fax: 478-3188
Email or Alternate Contact Information: Paul Coppel - pc@schottensteinhomes.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: Jack Reynolds / Paul Coppel - c/o Smith & Hale LLC	
Organization (Owner, Developer, Contractor, etc.):	
Mailing Address: 37 West Broad Street, Suite 460, Columbus, OH 43215 (Street, City, State, Zip Code)	
Daytime Telephone: 221-4255	Fax: 221-4409
Email or Alternate Contact Information: jreynolds@smithandhale.com	

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, <u>EDWARDS GOLF COMMUNITIES LLC</u> , the owner, hereby authorize	
Jack Reynolds / Paul Coppel 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: <u>Chris Dinnell V-PRES</u>	Date: <u>12/10/14</u>

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 10th day of December, 20 14

State of Ohio

County of Franklin

Notary Public: Holly K. DeJordy



Holly K. DeJordy
Notary Public, State of Ohio
My Commission Expires 07-10-2018

VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives to process an 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, Jack Reynolds , 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: <u>Jack Reynolds</u>	Date: <u>12/10/14</u>

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: Schottenstein Homes	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.):	
Mailing Address: (Street, City, State, Zip Code)	140 Mill Street, Suite A, Gahanna, OH 43230
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Email or Alternate Contact Information: jreynolds@smithandhale.com	

VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized.

Jay W. Liggett, Jr., the owner, hereby authorize Jack Reynolds / Paul Coppel 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: Jay W. Liggett, Jr. ER Date: 12-15-14

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 15th day of DECEMBER, 2014

State of OHIO

County of Franklin

Notary Public

[Handwritten Signature]



JOSEPH E. BUDDE
Notary Public-State of Ohio
Attorney-at-Law, Lifetime Commission

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.

<u>Jack Reynolds</u> , 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: <u>Jack Reynolds</u> Date: <u>12/10/14</u>

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: Schottenstein Homes	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
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Email or Alternate Contact Information: Paul Coppel - pc@schottensteinhomes.com	

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Organization (Owner, Developer, Contractor, etc.):	
Mailing Address: 37 West Broad Street, Suite 460, Columbus, OH 43215 (Street, City, State, Zip Code)	
Daytime Telephone: 221-4255	Fax: 221-4409
Email or Alternate Contact Information: jreynolds@smithandhale.com	

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, David W Patch Jr, the owner, hereby authorize Jack Reynolds / Paul Coppel 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: David W. Patch Jr Date: 12-10-14

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 10 day of Dec, 20 14

State of Ohio

County of Franklin

Notary Public Marilyn Geiger



Marilyn Geiger
Notary Public, State of Ohio
My Commission Expires 07-19-2017

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, <u>Jack Reynolds</u> , 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: <u>Jack Reynolds</u>	Date: <u>12/10/14</u>

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Daytime Telephone: 221-4255	Fax: 221-4409
Email or Alternate Contact Information: jreynolds@smithandhale.com	

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, WILLIAM DARLING, the owner, hereby authorize Jack Reynolds / Paul Coppel 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: William S. Darling Date: 12/15/2014

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 15th day of December, 2014

State of Ohio

County of Franklin

Notary Public Benjamin S. Cowell



BENJAMIN S. COWELL
Notary Public, State of Ohio
My Comm. Expires 12-15-20

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.

<u>Jack Reynolds</u> , 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: <u>Jack Reynolds</u> Date: <u>12/10/14</u>

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: Schottenstein Homes	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.):	
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Daytime Telephone: 478-1100	Fax: 478-3188
Email or Alternate Contact Information: Paul Coppel - pc@schottensteinhomes.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: Jack Reynolds / Paul Coppel - c/o Smith & Hale LLC	
Organization (Owner, Developer, Contractor, etc.):	
Mailing Address: (Street, City, State, Zip Code) 37 West Broad Street, Suite 460, Columbus, OH 43215	
Daytime Telephone: 221-4255	Fax: 221-4409
Email or Alternate Contact Information: jreynolds@smithandhale.com	

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, *Valerie N Finch*, the owner, hereby authorize **Jack Reynolds / Paul Coppel** 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: *Valerie N Finch* Date: *12/15/14*

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

Subscribed and sworn before me this *15* day of *Dec.*, 20*14*
 State of *Ohio*
 County of *Franklin* Notary Public *Anthony Grossi*

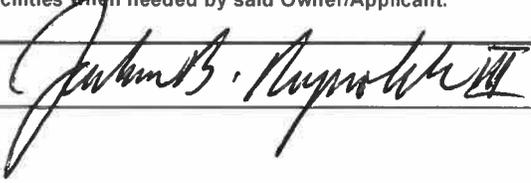


ANTHONY GROSSI
 Notary Public, State of Ohio
 My Comm. Expires Dec. 10, 2018

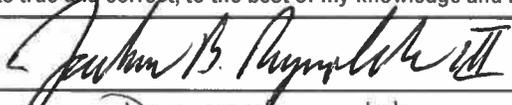
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I, <u>Jack Reynolds</u> , the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.	
Signature of applicant or authorized representative: <u><i>Jack B Reynolds III</i></u>	Date: <u><i>12/10/14</i></u>

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>Jack Reynolds</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>12/10/14</u>

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

I <u>Jack Reynolds</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>12/11/14</u>

Subscribed and sworn to before me this 11th day of December, 20 14
 State of Ohio
 County of Franklin

Notary Public 



Natalie C. Timmons
 Notary Public, State of Ohio
 My Commission Expires 09-04-2016

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:	