



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 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 type="checkbox"/> Amended Final Development Plan (Section 153.053(E))	<input type="checkbox"/> Minor Subdivision
<input checked="" 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): 4030, 4000, 3960 Bright Road, Dublin, Ohio 43017	
Tax ID/Parcel Number(s): 273008632 273008633 273008634	Parcel Size(s) (Acres): 1.24 1.39 1.48 <u>4.11</u>
Existing Land Use/Development: Residential	

### IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: Office Use/COTA Park and Ride
Total acres affected by application: 4.11 acres

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

Name (Individual or Organization): Marsha Grigsby, City Manager, City of Dublin	
Mailing Address: 5200 Emerald Parkway Dublin, Ohio 43017 (Street, City, State, Zip Code)	
Daytime Telephone: 614.410.4400	Fax: 614.410.4490
Email or Alternate Contact Information:	

RECEIVED

JAN 20 2015  
15-006 CV/Z  
CITY OF DUBLIN

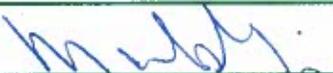
**IV. APPLICANT(S):** This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name:	Applicant is also property owner: yes <input type="checkbox"/> no <input type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.):	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

**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: Jennifer Rauch, Senior Planner	
Organization (Owner, Developer, Contractor, etc.): City of Dublin	
Mailing Address: (Street, City, State, Zip Code) 5800 Shier Rings Road	
Daytime Telephone: 614.410.4690	Fax: 614.410.4747
Email or Alternate Contact Information: jrauch@dublin.oh.us	

**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>Marsha Grigsby, City Manager</u> , the owner, hereby authorize <u>Jennifer Rauch</u> 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: 	Date: 1/13/15

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

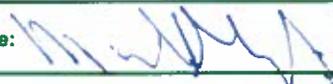
Subscribed and sworn before me this 14 day of January, 2015  
 State of Ohio  
 County of Franklin

Notary Public Linda L. Glick



Linda L. Glick  
 Notary Public, State of Ohio  
 My Commission Expires 05-19-2019

**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, <u>Marsha Grigsby, City Manager</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: 	Date: 1/13/15

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 CITY OF DUBLIN

**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>Marsha Grigsby, City Manager</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: 1/13/15

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

I, <u>Marsha Grigsby, City Manager</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: 1/13/15

Subscribed and sworn to before me this 14 day of January, 2015  
 State of Ohio  
 County of Franklin Notary Public Linda L. Glick



Linda L. Glick  
 Notary Public, State of Ohio  
 My Commission Expires 05-19-2019

FOR OFFICE USE ONLY			
Amount Received: <u>NA</u>	Application No: <u>15-006cu/z</u>	P&Z Date(s):	P&Z Action:
Receipt No: <u>N/A</u>	Map Zone: <u>C-2/1</u>	Date Received: <u>1/20/15</u>	Received By: <u>JMP</u>
City Council (First Reading):		City Council (Second Reading):	
City Council Action:		Ordinance Number:	
Type of Request: <u>Conditional Use * Standard Rezoning</u>			
<input checked="" type="radio"/> N, S, E, W (Circle) Side of: <u>Bright Rd</u>			
<input type="radio"/> N, S, E, W (Circle) Side of Nearest Intersection: <u>Emerald Pkwy</u>			
Distance from Nearest Intersection: <u>at</u>			
Existing Zoning District: <u>R1</u>		Requested Zoning District: <u>S0</u>	

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