



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

Paid 005th - 1/6/2015 am
(#2005th) February 2009

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 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): 5638 Cosgray Rd., Marmion Dr., Cosgray Rd.	
Tax ID/Parcel Number(s): 274-000329 274-001216 274-001217	Parcel Size(s) (Acres): 5.930 6.657 5.170 <hr/> 17.757
Existing Land Use/Development: PLR, Planned Low-Density Residential District	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: PLR, Planned Low-Density Residential District
Total acres affected by application: 17.757

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

Name (Individual or Organization): JWE Development LLC & Edwards Golf Communities, LLC	
Mailing Address: (Street, City, State, Zip Code)	495 S. High Street Suite 150 Columbus, OH 43215 Same address for both companies
Daytime Telephone: (614) 241-2070	Fax: (614) 241-2080
Email or Alternate Contact Information: Charlie Driscoll cdriscoll@edwardscompanies.com	

RECEIVED

FILE COPY

JAN 06 2015
15-001 AFDP
CITY OF DUBLIN
PLANNING

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: Charles P. Driscoll	
Organization (Owner, Developer, Contractor, etc.): Developer (Vice-President of Edwards Golf Communities, LLC)	
Mailing Address: (Street, City, State, Zip Code) 495 S. High Street, Suite 150, Columbus, OH 43215	
Daytime Telephone: (614) 241-2070 or (614) 371-1195	Fax: (614)241-2080
Email or Alternate Contact Information: cdriscoll@edwardscompanies.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 _____, 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:	Date:

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 _____

Stamp or Seal

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, Charles P. Driscoll, 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: <i>Charles P. Driscoll</i>	Date: 12/12/2014

RECEIVED

FILE COPY

JAN 06 2015
15-001 AFDP
CITY OF DUBLIN
PI ANNING

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>Charles P. Driscoll</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>Charles P. Driscoll</u>	Date: 12/12/2014

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

I <u>Charles P. Driscoll</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>Charles P. Driscoll</u>	Date: 12/12/2014

Subscribed and sworn to before me this 12 day of December, 2014
 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

FOR OFFICE USE ONLY			
Amount Received: <u>\$2,005--</u>	Application No: <u>15-001AFDP</u>	P&Z Date(s):	P&Z Action:
Receipt No: <u>300</u>	Map Zone: <u>E-2</u>	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:	

FILE COPY

RECEIVED
 JAN 06 2015
 15-001 AFDP
 CITY OF DUBLIN
 PLANNING