

# BOARD OF ZONING APPEALS APPLICATION

(Code Section 153.231)

## I. PLEASE CHECK THE TYPE OF APPLICATION:



**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

<input type="checkbox"/> <b>Administrative Appeal (Code Section 153.231)</b>
<input type="checkbox"/> Administrative <input type="checkbox"/> Stream Corridor Protection Zone <input type="checkbox"/> Building Construction
<input type="checkbox"/> <b>Special Permit (Code Section 153.090)</b>
<input type="checkbox"/> List Special Permit Type _____
<input type="checkbox"/> <b>Variance (Code Section 153.231)</b>
<input checked="" type="checkbox"/> Non-Use (area) Variance <input type="checkbox"/> Use Variance
<input type="checkbox"/> <b>Other (Please Specify):</b> _____

## II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 6449 Martin Pl	
Tax ID/Parcel Number(s): 273-008368 Martin Pl Colony Estates Lot 2	Parcel Size(s) (Acres): 1 Acre Exceeds 30,000 sq ft Ref 153.080 (B)(1)(a)
Existing Land Use/Development: R-2 Limited Suburban Residential	

### IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: Application submitted for variance to exceed height requirement from 4 to 6 feet at rear property line
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## III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

Name (Individual or Organization): Gary Flint	
Mailing Address: (Street, City, State, Zip Code) 6449 Martin Pl, Dublin, OH 43017	
Daytime Telephone: 937-309-9231	Fax:
Email or Alternate Contact Information: garyflint@gmail.com	

## 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: Not Applicable	Applicant is also property owner: yes <input type="checkbox"/> no <input type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Not Applicable	
Mailing Address: (Street, City, State, Zip Code) Not Applicable	
Daytime Telephone: Not Applicable	Fax: Not Applicable
Email or Alternate Contact Information: Not Applicable	

RECEIVED

MAY 06 2015  
15-037V  
CITY OF DUBLIN  
PLANNING

**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: Not Applicable	
Organization (Owner, Developer, Contractor, etc.): Not Applicable	
Mailing Address: (Street, City, State, Zip Code) Not Applicable	
Daytime Telephone: Not Applicable	Fax: Not Applicable
Email or Alternate Contact Information: Not Applicable	

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

<input checked="" type="checkbox"/> Not Applicable, the owner, hereby authorize Not Applicable 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: Not Applicable

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 N/A day of N/A, 20 N/A

State of Not Applicable

County of Not Applicable Notary Public Not Applicable

**VII. AUTHORIZATION TO VISIT THE PROPERTY:** Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as notarized below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

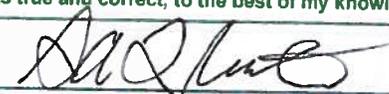
<input checked="" type="checkbox"/> Gary Flint, the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.	
Signature of applicant or authorized representative: 	Date: <u>5/6/15</u>

**VIII. UTILITY DISCLAIMER:** The Owner/Applicant acknowledges the approval of this request for rezoning 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.

<input checked="" type="checkbox"/> Gary Flint, 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>5/6/15</u>

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

I, Gary Flint , 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: 5/6/15

Subscribed and sworn to before me this 6th day of May, 2015

State of OHIO

County of Union

Notary Public Sandra Taylor



SANDRA TAYLOR  
Notary Public, State of Ohio  
My Commission Expires  
April 12, 2017

NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSIMILE CONFIRMING RECEIPT OF THIS APPLICATION.

FOR OFFICE USE ONLY			
Amount Received:	Application No:	BZA Date(s):	BZA 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:			