

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"/> Administrative Appeal (Code Section 153.231)	<input type="checkbox"/> Stream Corridor Protection Zone
<input type="checkbox"/> Administrative	
<input type="checkbox"/> Building Construction	
<input type="checkbox"/> Special Permit (Code Section 153.090)	
<input type="checkbox"/> List Special Permit Type _____	
<input type="checkbox"/> Variance (Code Section 153.231)	<i>Case # 15-039V</i>
<input checked="" type="checkbox"/> Non-Use (area) Variance	
<input type="checkbox"/> Use Variance	
<input type="checkbox"/> Other (Please Specify): _____	

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): <i>5600 DUBLIN ROAD</i>	
Tax ID/Parcel Number(s): <i>273-007000-00</i>	Parcel Size(s) (Acres): <i>3.414 ACRES</i>
Existing Land Use/Development: <i>RESIDENTIAL - SIO ONE FAMILY DWLG</i>	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development:

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

Name (Individual or Organization):	<i>ROBERT S. CRANE MD</i>		
Mailing Address: (Street, City, State, Zip Code)	<i>5600 DUBLIN RD DUBLIN 43017</i>		
Daytime Telephone:	<i>614-766-6655^H</i>	<i>614-296-6666^M</i>	Fax: <i>614 766-6644</i>
Email or Alternate Contact Information:	<i>ROBCRANE@GMAIL.COM</i>		

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:	<i>NA</i>	Applicant is also property owner: yes <input checked="" 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:		

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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: <u>NA</u>	
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, <u>NA</u> , 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 notarized below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

I, <u>ROB CRANE MD</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>[Signature]</u>	Date: <u>4/24/15</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.

I, <u>ROB CRANE MD</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: <u>4/24/15</u>

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

I, ROBERT S CRANE MD, 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: ROBERT S CRANE MD Date: 4/26/15

Subscribed and sworn to before me this 26th day of April, 2015

State of Ohio

County of Franklin

Notary Public [Signature]
ETP 10-25-15

Stamp or Seal

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:			

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