



**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<br>(Section 152.085)                               |
| <input type="checkbox"/> Concept Plan<br>(Section 153.056(A)(1))                           | <input type="checkbox"/> Conditional Use<br>(Section 153.236)                          |
| <input type="checkbox"/> Preliminary Development Plan / Rezoning<br>(Section 153.053)      | <input type="checkbox"/> Corridor Development District (CDD)<br>(Section 153.115)      |
| <input type="checkbox"/> Final Development Plan<br>(Section 153.053(E))                    | <input type="checkbox"/> Corridor Development District (CDD) Sign<br>(Section 153.115) |
| <input checked="" type="checkbox"/> Amended Final Development Plan<br>(Section 153.053(E)) | <input type="checkbox"/> Minor Subdivision   |
| <input type="checkbox"/> Standard District Rezoning<br>(Section 153.018)                   | <input type="checkbox"/> Right-of-Way Encroachment                                     |
| <input type="checkbox"/> Preliminary Plat<br>(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): 8300 Hyland Croy Road, Dublin, Ohio 43016

Tax ID/Parcel Number(s):  
1370000046001

Parcel Size(s) (Acres):  
87.61

Existing Land Use/Development: PUD

### IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: PUD

Total acres affected by application: 0.54

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

Name (Individual or Organization): Board of Education of the Dublin City School District

Mailing Address:  
(Street, City, State, Zip Code)  
7030 Coffman Road  
Dublin, Ohio 43017

Daytime Telephone: 614-764-5913

Fax: 614-761-5856

Email or Alternate Contact Information: deutsch\_brion@dublinschools.net

**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.

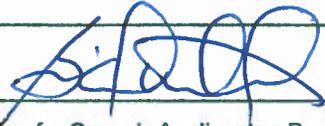
Name: <u>Brion Deitsch</u>		Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): <u>Dublin City Schools</u>		
Mailing Address: <u>7030 Coffman Road, Dublin, Ohio 43017</u> (Street, City, State, Zip Code)		
Daytime Telephone: <u>614-764-5913</u>	Fax: <u>614-761-5856</u>	
Email or Alternate Contact Information: <u>deitsch_brion@dublinschools.net</u>		

**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>Eric Baltzell</u>	
Organization (Owner, Developer, Contractor, etc.): <u>Garmann/Miller Architects &amp; Engineers, Inc.</u>	
Mailing Address: <u>38 South Lincoln Drive, Minster, Ohio 45865</u> (Street, City, State, Zip Code)	
Daytime Telephone: <u>419-628-4240</u>	Fax: <u>419-628-4299</u>
Email or Alternate Contact Information: <u>ebaltzell@garmannmiller.com</u>	

**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, Brion Deitsch, the owner, hereby authorize Eric Baltzell 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: 5/18/2015

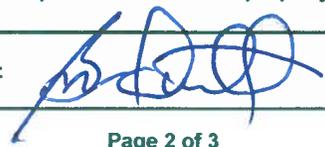
Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

Subscribed and sworn before me this 18<sup>th</sup> day of May, 20 15  
 State of Ohio  
 County of Franklin Notary Public Eddie Carton



**Eddie Carton**  
 Notary Public, State of Ohio  
 My Commission Expires 02-03-2018

**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>Brion Deitsch</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: <u>5/18/2015</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>Brion Deitsch</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>5/18/2015</u>

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

I <u>Brion Deitsch</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>5/18/2015</u>

Subscribed and sworn to before me this 18<sup>th</sup> day of May, 20 15  
 State of Ohio  
 County of Franklin

Notary Public Edie Carton  
 Edie Carton  
 Notary Public, State of Ohio  
 My Commission Expires 02-03-2018



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:	