

ARCHITECTURAL REVIEW BOARD APPLICATION

(Code Sections 153.170-153.187)



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

I. PLEASE CHECK THE TYPE OF APPLICATION:

<input type="checkbox"/> New Construction	<input type="checkbox"/> Roof, Door or Window Replacements or Additions
<input type="checkbox"/> Building Addition	<input type="checkbox"/> Gutter and Downspout Replacements or Additions
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> External Mechanical Equipment (AC units, vents, HVAC, etc.)
<input type="checkbox"/> Signage and Lighting	<input type="checkbox"/> Parking, Paving and other Hard Surfaces
<input type="checkbox"/> Re-painting	<input type="checkbox"/> Other (Please Specify) _____
<input type="checkbox"/> Landscaping (Non-Residential)	
<input type="checkbox"/> Re-siding	

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 5051 Brand Rd. Dublin, OH 43017	
Tax ID/Parcel Number(s): 273-004536-00	Parcel Size(s) (Acres): 5.0
Existing Land Use/Development: Single Family House	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development:
Single Family House

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

Name (Individual or Organization):	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

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: Thad & Jessica Kittrell		Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.):		
Mailing Address: (Street, City, State, Zip Code) 8888 Cruden Bay Ct. Dublin, OH 43017		
Daytime Telephone: 614-406-3905	Fax:	
Email or Alternate Contact Information: tandj@101beerkitchen.com		

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:	
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 _____, 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 _____

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 _____, 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:

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, _____, 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:

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

I, <u>Jessica & Thad Kittrell</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>6/8/2015</u>

Subscribed and sworn to before me this 8TH day of JUNE
 State of OHIO
 County of FRANKLIN Notary Public Jd. H



JEFFREYA. HANEY
 Notary Public, State of Ohio
 My Commission Expires Aug. 8, 2016

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:	ARB Date(s):	ARB 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:			