



15-063V

# BOARD OF ZONING APPEALS APPLICATION

(Code Section 153.231)

## I. PLEASE CHECK THE TYPE OF APPLICATION:

- Administrative Appeal (Code Section 153.231)**
  - Administrative
  - Building Construction
  - Stream Corridor Protection Zone
- Special Permit (Code Section 153.090)**
  - List Special Permit Type \_\_\_\_\_
- Variance (Code Section 153.231)**
  - Non-Use (area) Variance
  - Use Variance
- Other (Please Specify):** \_\_\_\_\_

**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

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

Property Address(es): <b>7024 Fitzgerald Rd Dublin 43017</b>		
Tax ID/Parcel Number(s): <b>273-001090-00</b>	Parcel Size(s) (Acres): <b>.2515 Acres</b>	<b>Hemingway Village 1 Lot 17</b>
Existing Land Use/Development:		

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development:
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## III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

Name (Individual or Organization): <b>Richard E &amp; Rhonda K Reynolds</b>	
Mailing Address: (Street, City, State, Zip Code) <b>7024 Fitzgerald Rd. Dublin, OH 43017</b>	
Daytime Telephone: <b>614.570.9661</b>	Fax:
Email or Alternate Contact Information: <b>Rick Reynolds7@gmail.com</b>	

## 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.

**SAME**

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:	

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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.

*SAME*

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.

<p>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.</p>	
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.

<p>I <u>Richard Reynolds</u>, the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.</p>	
Signature of applicant or authorized representative: <u>RE Reynolds</u>	Date: <u>7/1/2015</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.

<p>I <u>Richard Reynolds</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.</p>	
Signature of applicant or authorized representative: <u>RE Reynolds</u>	Date: <u>7/1/2015</u>

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

I, Richard Reynolds, 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: [Signature] Date: 7/1/2015

Subscribed and sworn to before me this 1st day of July, 20 15

State of OHIO

County of FRANKLIN

Notary Public [Signature]



Stamp or Seal

Deborah Lyn Cheney Mazey  
Notary Public, State of Ohio  
My Commission Expires 02-17-2019

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

FOR OFFICE USE ONLY			
Amount Received: <u>\$100</u>	Application No: <u>15-063V</u>	BZA Date(s):	BZA Action:
Receipt No:	Map Zone: <u>5</u>	Date Received: <u>7/8/15</u>	Received By: <u>jmr</u>
Type of Request: <u>Variance</u>			
N, S, E, W (Circle) Side of: <u>Fitzgerald Road</u>			
N, S, E, W (Circle) Side of Nearest Intersection: <u>Tralee Rd.</u>			
Distance from Nearest Intersection: <u>100'</u>			
Existing Zoning District: <u>R-4, Suburban Residential District</u>			

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