BOARD OF ZONING APPEALS APPLICATION

(Code Section 153.231)

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:

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

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 5200 Rings Road	
Tax ID/Parcel Number(s): 273-00424	Parcel Size(s) (Acres): 5.784
Existing Land Use/Development: 1 Story Office Building	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:
Proposed Land Use/Development: n/a

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

Name (Individual or Organization): TERESA UNDERWOOD, PROPERTY MANAGER, CONTINENTAL CAPITAL FUND, LTD.	
Mailing Address: (Street, City, State, Zip Code) 150 E. BROAD ST., SUITE 310, COLUMBUS, OH 43215	
Daytime Telephone: 614-221-1800	Fax: 614 358 8219
Email or Alternate Contact Information: tunderwood@continental-realty.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: Scott Lee	Applicant is also property owner: yes ☐ no ■
Organization (Owner, Developer, Contractor, etc.): PCCW Teleservices, Inc.	
Mailing Address: (Street, City, State, Zip Code) 565 Metro Place So., Ste 250, Dublin OH 43017	
Daytime Telephone: 614-652-6374	Fax: 614-280-1610
Email or Alternate Contact Information: scott.lee@pccwteleservices.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: Matthew Althouse	
Organization (Owner, Developer, Contractor, etc.): red architecture + planning	
Mailing Address: (Street, City, State, Zip Code) 855 Grandview Ave., Ste 295, Columbus OH 43215	
Daytime Telephone: 614-487-8770	Fax: 614-487-8777
Email or Alternate Contact Information: malthouse@redarchitects.com	

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 ~~Teresa Underwood~~ JEFFREY A. WOLF AGENT FOR OWNER, the owner, hereby authorize PCCW TELESERVICES (US), INC. c/o SCOTT LEE 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~~ AGENT FOR OWNER	Date: 8-5-2015

☐ 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 5th day of August, 20 15

State of Ohio

County of Franklin

Notary Public

NANNETTE C. BUEL
Notary Public, State of Ohio
My Commission Expires 10-07-19

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 SCOTT LEE - PCCW TELESERVICES (US) INC 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: 8-4-15

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 SCOTT LEE - PCCW TELESERVICES (US), INC 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: 8-4-15

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

I Scott Lee - PCCW Teleservices (US), Inc., 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: 8-4-15

Subscribed and sworn to before me this 4th day of August, 20 15

State of Ohio

County of Delaware Notary Public

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

NOTARIAL SEAL STATE OF OHIO

Barbara J. Bricker
Notary Public, State of Ohio
My Commission Expires 02-06-2017

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:			