



APPLICATION FOR DEVELOPMENT

PLEASE CHECK THE TYPE OF REVIEW

- West Innovation Districts
(Zoning Code Sections 153.037 - 153.043)
- Bridge Street Corridor Districts
(Zoning Code Sections 153.057- 153.066)
- Wireless Communication Facility (Chapter 99)

PLEASE CHECK THE APPLICATION TYPE

- Basic Plan Review
- Minor Project
- Development Plan Review
- Site Plan Review
- Waiver Review
- Master Sign Plan
- Open Space Fee-in-Lieu
- Parking Plan
- City Council Appeal
- Administrative Departure

Wireless Applications

- New Tower
- Co-Location
- Alternative Structure
- Temporary

The following applications require review and decision by the **Planning and Zoning Commission, Board of Zoning Appeals, or Architectural Review Board**, but may be submitted concurrently with another application.

Check any that apply:

- Conditional Use
- Administrative Appeal
- Project involving modifications to property within the Architectural Review District
- Other: _____
- Rezoning

SUBMISSION REQUIREMENTS

- Fee** (refer to the approved fees list)
- Electronic Copies** of all application materials (PDF, JPEG, Word, etc. as appropriate)
- Submission Requirements** for each type of application (refer to checklists)
- Legal Description and/or Property Survey** for the subject property

I. PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attach additional sheets if necessary.

Property Address(es): <u>40 E. Bridge St.</u>	
Tax ID/Parcel Number(s): <u>273-000068-00</u>	Parcel Size(s) in Acres: <u>.3182</u>
Existing Land Use/Development: <u>Residential</u>	Zoning District: <u>BSD HISTORIC</u>

- Check this box if any **Administrative Departures** are requested and attach an Administrative Departure request form.
- Check this box if any **Waivers** are requested as part of the application for development and attach a Waiver Request form.

II. PROPERTY OWNER INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional pages if there are multiple property owners.

Name (Individual or Organization): <u>BET Investments</u>	
Mailing Address: <u>84 N. High St</u> <u>Suite 1C</u> <u>Dublin, OH 43017</u>	
Daytime Telephone: <u>614-889-7491</u>	Fax:
Email or Alternate Contact Information: <u>linda@aerosafe.com</u>	

FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

Date of Acceptance:	Next Decision Due Date:
Final Date of Decision:	Determination:
Director's (or Designee's) Signature:	

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SEP 17 2015
15-095 ARB-MPR
CITY OF DUBLIN
PLANNING

III. APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s).

Name: (Individual or Organization) DAVID DIRKHISINKY	
Mailing Address: 40 EAST BRIDGIE STREET, DUBLIN 43017.	
Daytime Telephone: 614-381-0997.	Fax:
Email or Alternate Contact Information: DIRKHISINKYD20@GMAIL.COM	

IV. AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) authorized to represent the property owner and/or applicants.

Name: (Individual or Organization) DAVID DIRKHISINKY	
Mailing Address: 40 EAST BRIDGIE ST. DUBLIN OH 43017.	
Daytime Telephone: 614-381-0997.	Fax:
Email or Alternate Contact Information: DIRKHISINKYD20@GMAIL.COM	

V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): Complete if applicable.

I, **JACK EGGSPUEHLER**, the owner, hereby authorize **DAVID DIRKHISINKY** to act as a representative(s) in all matters pertaining to the processing and approval of this application, including modifying the application. I agree to be bound by all representations and agreements made by the designated representative.

Signature of Current Property Owner: <i>Jack E. Eggspuehler by Jay B. Eggspuehler, P.O.A.</i>	Date: 9-9-15
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Check this box if the original Authorization for Owner's Applicant(s)/Representative(s) is attached as a separate document.

VI. 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 enter, photograph and post a notice on the property described in this application. This is optional, but recommended.

I, **DAVID DIRKHISINKY**, the owner or authorized representative, hereby authorize City representatives to enter, photograph and/or post a notice on the property described in this application.

Signature of Owner or Authorized Representative: <i>David Dirkhisky</i>	Date: 9/17/15
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VII. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, **DAVID DIRKHISINKY**, 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 Current Property Owner or Authorized Representative: <i>David Dirkhisky</i>	Date: 9/17/15
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Check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document.

Subscribed and sworn to before me this _____ day of _____, 20____

State of _____

(Notary Public Seal)

County of _____

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Land Use and Long
Range Planning
5800 Shier Rings Road
Dublin, Ohio 43016-1236
phone 614.410.4600
fax 614.410.4747

Certificate of Zoning Plan Approval (CZPA)

For Accessory Structures, Fences, Patios, Walls, Temp Signs, Model Homes, Outdoor Sales
For all Commercial Projects

PLEASE SUBMIT THIS SIGNED APPLICATION WITH:

One (1) copy of a scaled site plan drawn in ink indicating all current structures, property lines, setbacks, and easements in addition to all proposed structures and site improvements. All proposed work should be dimensioned and labeled. Additional documentation may be required. Partial or incomplete applications and drawings cannot be processed and will be returned to the applicant (not required for sign renewals) Site Plans come from the surveyor and are enclosed with the closing papers.

FEE PAYMENT - Non-refundable application fee

2015 Fees	
Residence (Includes Model Homes not requiring a Special Permit)	\$70.00
Commercial - For projects not requiring a building permit.	\$145.00
Temporary Sign Fee	\$90.00
Outdoor Display Fee	\$90.00

Please Describe the Proposed Work
(Patio, Fence, Temporary Sign, Etc.)

Fence

OFFICE USE ONLY
ZONING INSPECTION REQUIRED UPON COMPLETION?
 YES NO
If yes, please call 614-410-4660 to schedule an inspection.*Please refer to Planning Department or Planning Website for additional submittal information. Separate HOA approval may be required.

Subdivision/Business Name		LOT #
Property Owner <i>BET Investments</i>		PHONE # <i>614-889-7491</i>
Address Of Subject Property OR PARCEL ID <i>40 E. Bridge St</i>		
<i>273-000068-00</i>		
Applicant/Authorized Representative		PHONE #
Address Of Applicant/Authorized Representative		Applicant's E-Mail

I, _____ (Name of Current Property Owner), the owner and applicant, hereby authorize _____ (Representative) to act as my representative and agent in matters pertaining to the processing and approval of this application including modifying the project, and I agree to be bound by all representations and agreements made by the Authorized Representative. THIS SECTION NOT REQUIRED FOR TEMPORARY SIGNS

Signature (Property Owner) *Mark J. Erwin* Date *8-19-15*

Signature (Representative) _____ Date _____

APPLICATION # _____ DATE ISSUED _____ RESUBMISSION YES NO

APPROVED APPROVED AS NOTED DISAPPROVED AS NOTED (Revise documents as required and resubmit for approval)

This certificate of Zoning Plan Approval is issued for, and in reference to the property and use described above, and as approved by the City Administrator or designee, or the City Council, Board of Zoning Appeals, Planning & Zoning Commission, or the Architectural Review Board as appropriate.

By: _____ Date _____ Notes: _____

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