Case # 15 - 084 ARB MPR

City of Dublin

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

Wireless Applications

- ☐ New Tower
- ☐ Alternative Structure
- ☐ Co-Location
- ☐ 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
- ☐ Rezoning
- ☐ Administrative Appeal
- ☑ Project involving modifications to property within the Architectural Review District
- ☐ Other:_____

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): 91 S. High Street Dublin OH 43017	
Tax ID/Parcel Number(s): 273-000104	Parcel Size(s) in Acres: 0.21
Existing Land Use/Development: Retail/Office	Zoning District: BSD-HC

☐ 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): Luann Albert	
Mailing Address: 91 S. High Street Dublin OH 43017	
Daytime Telephone: 614-284-3116	Fax:
Email or Alternate Contact Information: dublinhairandnails@yahoo.com	

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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CITY OF DUBLIN

PERMANENT SIGN PERMIT APPLICATION

(Code Sections 153.150-153.164)

City of Dublin

Review Services
5800 Shier-Rings Road
Dublin, OH 43016-1236

Phone: 614-410-4600
Fax: 614-718-4346
www.dublin.oh.us

APPLICATION # _____

NOTE: **Partial or incomplete applications or sign drawings cannot be processed and will be returned to the applicant. Facsimiles of application forms or sign drawings are not accepted. Permit fees will be accepted only after the Permanent Sign Permit application has been approved. Please contact the Review Services at 614-410-4600 for assistance.**

I. PLEASE SUBMIT THE FOLLOWING:

- [x] **ONE (1) ORIGINAL SIGNED APPLICATION**
- [ ] **ONE (1) SCALED AND DIMENSIONED SITE PLAN** showing all existing signs and/or proposed signs, their size and height; all streets, property lines, buildings and recorded easements on the site. Dimension all setbacks for ground signs from all property lines and Right-of-Way.
- [ ] **ONE (1) SCALED AND DIMENSIONED SIGN ELEVATION** of all proposed signs with applicable foundation/attachment details required by the Building Code. Scaled and dimensioned building elevations are required for all wall, window, canopy, and projecting signs.
- [ ] **ONE (1) SCALED AND DIMENSIONED LANDSCAPE PLAN FOR NEW GROUND SIGNS**, listing the type, size, and quantity of all plants. See Section 153.158(D) of the City of Dublin Sign Code. **A landscape plan is not required for replacement face applications**

II. SIGN INFORMATION:

* Denotes required information based on requirements of the sign code (if applicable to the type of sign requested)

Sign Location/Address *	91 S. High Street, Dublin OH 43017
Sign Copy/Message *	Dublin Hair and Nails-Day Spa / Alterations by Vesna
Land Owner or Authorized Agent * Luann Albert	Telephone * 614-284-3116
Mailing Address * 91 S. High Street, Dublin OH 43017	Email * dublinhairandnails@yahoo.com
Sign Contractor (If known) UC Signs	Telephone 614-873-5834
Mailing Address 110 W.Main St. Unionville Center, OH 43077	Email ucsigns@yahoo.com

Sign Type *
☐ GROUND SIGN ☒ WALL SIGN ☐ WINDOW SIGN ☐ PROJECTING SIGN ☐ ENTRY FEATURE ☐ OTHER

Permit Type * ☐NEW ☒REPLACEMENT ☐OTHER		Size of Sign Face * HEIGHT 38" WIDTH 30" = 8 SQ.FT.	
Setback from R/W or P/L For all Ground Signs *	Lot Frontage * 55.7'	Building Frontage * 21'	Width of Tenant Space * 21'
Overall Height of Sign * 8'	Sign Colors * (1) green	(2) white	(3) Maximum of Three black

Sign Illumination * ☐ INTERNAL ☐ EXTERNAL ☐ NOT ILLUMINATED ☐ PROPOSED ☒ EXISTING TO REMAIN

OPAQUE BACKROUNDS ARE REQUIRED FOR ALL PERMANENT SIGNS INCLUDING ON-SITE DIRECTIONAL SIGNS

ADDITIONAL INFORMATION:

Material : ¼" Aluminum ACM sign with Vinyl copy

Signature of Land Owner/Agent * ☒ LAND OWNER ☐ AGENT — Luann E. Albert — **Date** * 8/24/2015

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