* APPLICANT FILED WRONG APPLICATION FORM - ALL NECESSARY INFORMATION & SIGNATURES ON ATTACHED PZC APPLICATION

City of Dublin

Administrative Review Team | June 2012

Case # 15 - 088ARTW

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): 4000 Hard Rd. Dublin OH 43017	
Tax ID/Parcel Number(s): 273-009140-00	Parcel Size(s) in Acres: 1121 sq. ft. (Crown Site) 54.295 Acres - (School)
Existing Land Use/Development: Cell Tower	Zoning District:

☐ 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): Dublin City Schools	
Mailing Address: 7030 Coffman Rd. Dublin OH 43017-1008	
Daytime Telephone: 614-717-2464	Fax:
Email or Alternate Contact Information:	

FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

Date of Acceptance: 9/3/15	Next Decision Due Date:
Final Date of Decision:	Determination:
Director's (or Designee's) Signature:	

FILE COPY

RECEIVED SEP 03 2015 15-088 ARTW CITY OF DUBLIN PLANNING

* SIGNATURES PROVIDED ON EC APPLICATION FORM

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

Name: (Individual or Organization)	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

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

Name: (Individual or Organization)	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

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

I, _____, the **owner**, hereby authorize _____ 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:	Date:

☐ Check this box if the original Authorization for Owner's Applican(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, _____, 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:	Date:

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

I, _____, 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:	Date:

☐ 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 _____

RECEIVED
SEP 03 2015
15-088 ARPL
CITY OF DUBLIN

PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

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:

- ☐ Informal Review
- ☐ Concept Plan (Section 153.056(A)(1))
- ☐ Preliminary Development Plan / Rezoning (Section 153.053)
- ☐ Final Development Plan (Section 153.053(E))
- ☐ Amended Final Development Plan (Section 153.053(E))
- ☐ Standard District Rezoning (Section 153.018)
- ☐ Preliminary Plat (Section 152.015)
- ☐ Final Plat (Section 152.085)
- ☐ Conditional Use (Section 153.236)
- ☐ Corridor Development District (CDD) (Section 153.115)
- ☐ Corridor Development District (CDD) Sign (Section 153.115)
- ☐ Minor Subdivision
- ☐ Right-of-Way Encroachment
- ☐ Other (Please Specify): _____

Please utilize the applicable *Supplemental Application Requirements* sheet for additional submittal requirements that will need to accompany this application form.

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 4000 Hard Rd Dublin OH 43017	
Tax ID/Parcel Number(s): 273-009140-00	Parcel Size(s) (Acres): 1121 sq. ft. (Crown site) 54.295 Acres - (school)
Existing Land Use/Development: Cell Tower	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:
Proposed Land Use/Development: See pg 4 for further detail Cell Tower Verizon proposes installing 12 antennas at 136' RAD center
Total acres affected by application: staying with in Crown Compound expansion - see CD's

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

Name (Individual or Organization): Dublin City Schools	
Mailing Address: (Street, City, State, Zip Code) 7030 Coffman Rd Dublin OH 43017-1008	
Daytime Telephone: 614-717-2464	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: Bryan Brawner Crown Castle	Applicant is also property owner: yes ☐ no ☑
Organization (Owner, Developer, Contractor, etc.): Crown Castle Cell Tower Owner	
Mailing Address: (Street, City, State, Zip Code) 10300 Ormsby Park Place Suite 501 Louisville KY 40223	
Daytime Telephone: 502 817 2610	Fax:
Email or Alternate Contact Information: bryan.brawner@crowncastle.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: Bryan Brawner	
Organization (Owner, Developer, Contractor, etc.): District Real Estate Specialist	
Mailing Address: (Street, City, State, Zip Code) 10300 Ormsby Park Place Suite 501 Louisville KY 40223	
Daytime Telephone: 502 817 2610	Fax:
Email or Alternate Contact Information: bryan.brawner@crowncastle.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 BRION DEITSCH, the owner, hereby authorize Crown Castle / Bryan Brawner 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: 8-19-15

☐ 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 19th day of August, 20 15

State of Ohio

County of Franklin

Notary Public Edie Carton

NOTARIAL SEAL STATE OF OHIO

Edie Carton
Notary Public, State of Ohio
My Commission Expires 02-03-2018

VII. 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 visit, photograph and post a notice on the property described in this application.

I Bryan Brawner, 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: Bryan Brawner	Date: 8.17.2015

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review 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 Bryan Brawner, 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: Bryan Brawner	Date: 8.17.2015

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

I Bryan Brawner, 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: Bryan Brawner	Date: 8.17.2015

Subscribed and sworn to before me this 17 day of August, 20 15

State of Ky

County of Jefferson

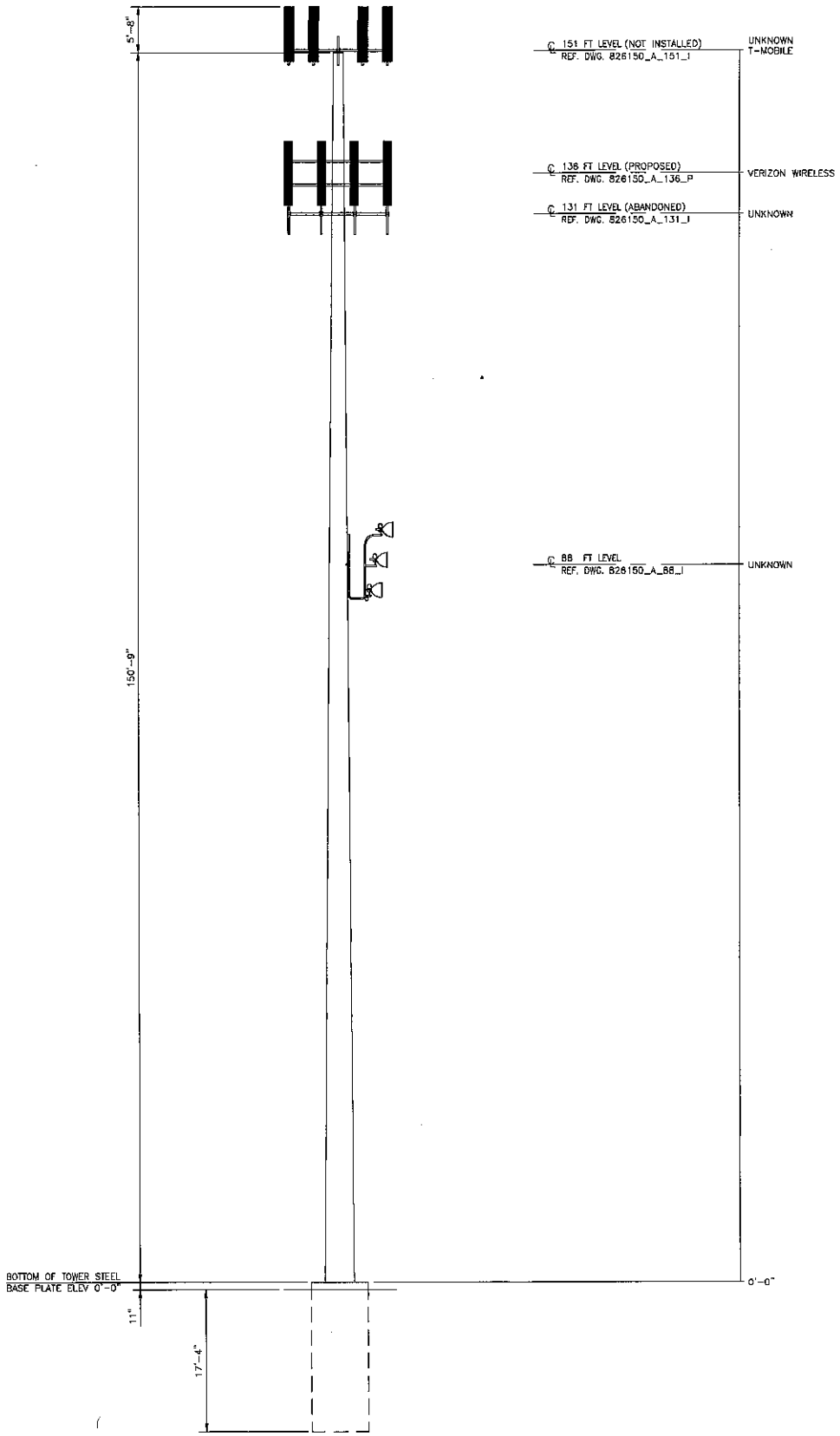
Notary Public

Stamp or Seal

Rebecca M. Gray
Notary Public, ID No. 445477
State at Large, Kentucky
My Commission Expires on July 23, 2019

FOR OFFICE USE ONLY			
Amount Received:	Application No:	P&Z Date(s):	P&Z Action:
Receipt No:	Map Zone:	Date Received:	Received By:
City Council (First Reading):		City Council (Second Reading):	
City Council Action:		Ordinance Number:	
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:		Requested Zoning District:	

Crown on behalf of Verizon proposes to install the following RAD center at 136': Twelve (12) antennas, twelve (12) RRUs, three (3) OVPs, (3) hybrid cables and (12) coax cables. Verizon will also install an 11.5' x 26' shelter on the ground, with a diesel generator inside. Additional land has been acquired and the compound will be expanded slightly. The compound will be extended with the fence to match what is existing and the tower foundation will be modified. The construction drawings and SA include all the in-depth detail but there should not be anything considered substantial change. . I have included pictures for what is existing and proposed other than the antennae array as that is shown on the construction drawing but I do not have a photo for that one.



BUSINESS UNIT: 826150 TOWER ID: A