Nov. 19th - 6:30 P.M.

February 2009

# 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)** Building Code
  - ☐ Non-Use (area) Variance
  - ☐ Use Variance
- ☐ **Other (Please Specify):** _____

15-098 V.

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

| | |
|---|---|
| Property Address(es): 8924 LEA CT DUBLIN OHIO 43017 | |
| Tax ID/Parcel Number(s): | Parcel Size(s) (Acres): |
| Existing Land Use/Development: | |

| |
|---|
| IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING: |
| Proposed Land Use/Development: |

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

| | |
|---|---|
| Name (Individual or Organization): DAVE & BETTE LAUER | |
| Mailing Address: (Street, City, State, Zip Code) 8924 LEA CT DUBLIN OH 43017 | |
| Daytime Telephone: 614-208-4700 | 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: DAN FROST | Applicant is also property owner: yes ☐ no ☒ |
| Organization (Owner, Developer, Contractor, etc.): FROST CONTRACTING CO INC. | |
| Mailing Address: (Street, City, State, Zip Code) 366 E PARK ST WESTERVILLE OHIO 43081 | |
| Daytime Telephone: 614-209-9229 | Fax: |
| Email or Alternate Contact Information: FROSTWESTVILL@AOL.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: FROST CONTRACTING CO | |
| Organization (Owner, Developer, Contractor, etc.): DAN FROST | |
| Mailing Address: (Street, City, State, Zip Code) 366 E PARK ST WESTERVILLE | |
| Daytime Telephone: 614-209-9229 | Fax: |
| Email or Alternate Contact Information: FROSTWSTRULL@AOL.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 David P. Lauer Betta B. Lauer, 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.

| | |
|---|---|
| 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.

I David P. Lauer Betta B Lauer, 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: | Date: |

**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 _____, 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: |

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

I David P. Lauer Bette B Lauer, 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: |
|---|---|

Subscribed and sworn to before me this 16th day of October, 20 15

State of OHIO

County of FRANKLIN

Notary Public Deborah Lyn Cheney-Mazey

Stamp or Seal

NOTARIAL SEAL STATE OF OHIO

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 FACSIMILE CONFIRMING RECEIPT OF THIS APPLICATION

| FOR OFFICE USE ONLY | | | |
|---|---|---|---|
| Amount Received: | Application No: | BZA Date(s): | BZA Action: |
| Receipt No: | Map Zone: | Date Received: 10/16/15 | 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: | | | |