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): Intersection of Riverside Drive and SR161

Tax ID/Parcel Number(s):		Parcel Size(s) (Acres):	
273-008994	273-008832	0.172	0.84
273-008838	273-008831	0.283	0.084
273-008834	273-008856	0.712	0.889
273-008857	273-008858	0.057	0.206

Existing Land Use/Development: Vacant Land

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: Proposed Mixed-Use Development

Total acres affected by application: 3.8

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

Name (Individual or Organization): BPACQ,LLC

Mailing Address: (Street, City, State, Zip Code) 555 Metro Place N STE 600
Dublin, Ohio 43017

Daytime Telephone: 614-335-2020 **Fax:**

Email or Alternate Contact Information: nyoder@crawfordhoying.com

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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: Nelson Yoder	Applicant is also property owner: yes ☐ no ☐
Organization (Owner, Developer, Contractor, etc.): Crawford Hoying Development Partners	
Mailing Address: (Street, City, State, Zip Code) 555 Metro Place North Suite 600, Dublin, Ohio 43017	
Daytime Telephone: 614-335-2020	Fax:
Email or Alternate Contact Information: nyoder@crawfordhoying.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:	
Organization (Owner, Developer, Contractor, etc.):	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

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 _____, 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 23 day of Nov, 2015

State of Ohio

County of Franklin

Notary Public _____

Dawn R. Russell
Notary Public, State of Ohio
My Commission Expires 08-25-2018

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 Nelson Yoder, 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: 11/23/15

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 Nelson Yoder, 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: [signature]	Date: 11/23/15

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

I Nelson Yoder, 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: [signature]	Date: 11/23/15

Subscribed and sworn to before me this 23 day of Nov, 20 15

State of Ohio

County of Franklin

Notary Public [signature]

NOTARIAL SEAL STATE OF OHIO

Dawn R. Russell
Stamp or Seal
Notary Public, State of Ohio
My Commission Expires 08-25-2018

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:	

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