



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

PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

I. PLEASE CHECK THE TYPE OF APPLICATION:

| | |
|---|--|
| <input type="checkbox"/> Informal Review | <input type="checkbox"/> Final Plat (Section 152.085) |
| <input type="checkbox"/> Concept Plan (Section 153.056(A)(1)) | <input type="checkbox"/> Conditional Use (Section 153.236) |
| <input type="checkbox"/> Preliminary Development Plan / Rezoning (Section 153.053) | <input type="checkbox"/> Corridor Development District (CDD) (Section 153.115) |
| <input checked="" type="checkbox"/> Final Development Plan (Section 153.053(E)) | <input type="checkbox"/> Corridor Development District (CDD) Sign (Section 153.115) |
| <input type="checkbox"/> Amended Final Development Plan (Section 153.053(E)) | <input type="checkbox"/> Minor Subdivision |
| <input type="checkbox"/> Standard District Rezoning (Section 153.018) | <input type="checkbox"/> Right-of-Way Encroachment |
| <input type="checkbox"/> Preliminary Plat (Section 152.015) | <input type="checkbox"/> 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): Cosgray Road | |
| Tax ID/Parcel Number(s): 274-000342, 274-000305, 274-000330 272-000100, 272-000113, 272-000063, 272-000208 | Parcel Size(s) (Acres): 47.19 acres |
| Existing Land Use/Development: PUD - Planned Unit Development (Case 15-004) | |

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

| |
|--|
| Proposed Land Use/Development: Single family and condominium residential development |
| Total acres affected by application: |

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

| | |
|---|------|
| Name (Individual or Organization): See attached sheet | |
| Mailing Address: (Street, City, State, Zip Code) | |
| Daytime Telephone: | Fax: |
| Email or Alternate Contact Information: | |

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 <u>Paul Coppel</u> 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: <u>12/2/15</u> |

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

| | |
|--|-------------------|
| I <u>Paul Coppel</u> , 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: <u>12/2</u> |

Subscribed and sworn to before me this 2 day of Dec, 2015
 State of Ohio
 County of Franklin

Notary Public

CHRISTINA LAMKIN
 Notary Public
 In and for the State of Ohio
 My Commission Expires
 August 01, 2020

| 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: | |