City of Dublin

Case # 15 - 122 ARB-MPR

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

Wireless Applications

- ☐ New Tower
- ☐ Co-Location
- ☐ Alternative Structure
- ☐ 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): 25 S. Riverview St.	
Tax ID/Parcel Number(s):	Parcel Size(s) in Acres:
Existing Land Use/Development:	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): Tim + Christine Castray	
Mailing Address: 4859 Chatelaine Dr. Dublin OH 43017	
Daytime Telephone: 614-204-0342	Fax:
Email or Alternate Contact Information: ccastray@gmail.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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III. APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s).

Name: (Individual or Organization)	Tim + Christine Castray
Mailing Address:	4859 Chatelaine Dr.
Daytime Telephone: 614-204-0342	Fax:
Email or Alternate Contact Information: tcastray or ccastray@gmail.com	

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

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

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

I, Christine Castray, the **owner**, hereby authorize Tom Kline of Kline Concrete 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: 11/26/15

☐ 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, Christine Castray, 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: 11/26/15

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

I, Christine Castray, 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: 11/26/15

☐ Check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document.

Subscribed and sworn to before me this 8 day of December, 2015

State of _____

County of _____

Cynthia M. Young

Cynthia McConnell Young
Notary Public, State of Ohio
My Commission Expires 03-16-2020

NOTARIAL SEAL STATE OF OHIO

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Cynthia McConnell Young
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