ADMINISTRATIVE REVIEW APPLICATION

(Code Section 99.06, 153.037)

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:

COIC Districts
Select District:

- ☐ HDP
- ☐ LDP
- ☐ I-VC
- ☐ I-CC
- ☑ Wireless Communication Facility

Application Type
(COIC Only)

- ☐ Pre-Application Review
- ☐ Development Plan Review
- ☑ Administrative Review
- ☐ Administrative Departures

Please utilize the applicable *Supplemental Application Requirements* sheet for additional submittal requirements.

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es):	
Tax ID/Parcel Number(s): 273-000317	Parcel Size(s) (Acres): 5.876 (Acres)
Existing Land Use/Development:	Existing Zoning: ID-1

PLEASE COMPLETE THE FOLLOWING:

Describe the Existing Land Use/Development: CELL TOWER WIRELESS FACILITY

Describe the Request: VERIZON WIRELESS PROPOSES to REMOVE 12 ANTENNAS AND INSTALL 12 NEW ANTENNAS AT THE SAME MOUNT HEIGHT. REMOVE 3 RADIO UNITS AND INSTALL 9 NEW RADIO UNITS BEHIND THE ANTENNAS. INSTALL (1) DISTRIBUTION BOX WITH THE RADIO UNITS ATTACHED TO A HYBRID CABLE ON THE OUTSIDE OF THE POLE.

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

Name (Individual or Organization): IA Company	
Mailing Address: (Street, City, State, Zip Code) 6223 AVERY ROAD, DUBLIN, OH 43016	
Daytime Telephone: 614-889-1445	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: Verizon Wireless	Applicant is also property owner: yes ☐ no ☒
Organization (Owner, Developer, Contractor, etc.): Todd Barhorst	
Mailing Address: (Street, City, State, Zip Code) 7575 Commerce Ct., Lewis Centr, OH 43035	
Daytime Telephone: 614-738-9028	Fax:
Email or Alternate Contact Information: Todd.Barhorst@verizonwireless.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: PBM Wireless Services	
Organization (Owner, Developer, Contractor, etc.): Matt Meyers	
Mailing Address: (Street, City, State, Zip Code) 5766 Harlous Ct., Hilliard OH 43026	
Daytime Telephone: 614-806-7664	Fax: 614.334-0958
Email or Alternate Contact Information: mmeyers@pbmws.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 Thomas W Irelan, the owner, hereby authorize PBM Wireless, Matt Meyers 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.

X Signature of Current Property Owner: Date: 12/7/15

☐ 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 7th day of December, 20 15

State of Ohio

County of Franklin Notary Public Kaitlin E. Swendrick

Kaitlin E Swendrick
Notary Public, State of Ohio
My Commission Expires 02-14-201

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.

X I Thomas Irelan, 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: 12/7/15

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.

x I Thomas Irelan, 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: 12/7/15

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

I Matt Meyers, Agent for Verizon Wireless, 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: 12-1-15

Subscribed and sworn to before me this 11th day of DECEMBER, 20 15

State of OHIO

County of FRANKLIN

Notary Public

Stamp or Seal

KRISTOPHER M NICKEL
Notary Public
In and for the State of Ohio
My Commission Expires
January 12, 2016

FOR OFFICE USE ONLY			
Amount Received:	Application No:	ART Decision:	ART Action:
Receipt No:	Map Zone:	Date Received:	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:			