

Phon Web Si

PLANNING AND ZONING COMMISSION APPLICATION (Code Section 153.232)

	I. PLEASE CHECK THE TYPE OF APPLICATION:				
ITY OF DUBLIN	☐ Informal Review		Final P	lat on 152.085)	
Land Use and Long Range Planning 5800 Shier-Rings Road Dublin, Ohio 43016-1236	Concept Plan (Section 153.056(A)(1))	V		ional Use on 153,236)	
Phone/TDD: 614-410-4600 Fax: 614-410-4747 eb Site: www.dublin.oh.us	Preliminary Development Plan / (Section 153.053)	Rezoning		dor Development District (CDD) on 153.115)	
	Final Development Plan (Section 153.053(E))			or Development District (CDD) Sign on 153.115)	
	Amended Final Development Pla (Section 153.053(E))	in 🔲	Minor	linor Subdivision light-of-Way Encroachment Other (Please Specify):	
	Standard District Rezoning (Section 153.018)		Right-o		
	Preliminary Plat (Section 152.015)		Other (
a.	Please utilize the applicable Supplemental Application Requirements sheet for additional submittal requirements that will need to accompany this application form.				
II. PROPERTY INFOR	MATION: This section must be complete	ted.			
Property Address(es): 61	31 Avery Rd Dublin OH	PROVINCE AND COMMON COM	CAS-ST-ANNIAN CASA-SHANIAN CASA-SHANIA		
Tax ID/Parcel Number(s): Parcel ID 274-000136-00			Parcel Size(s) (Acres): .422		
Existing Land Use/Develo	ppment: Commercial Office				
	IF APPLICABLE, PLEASE C	OMPLETE THE	FOLLOW	/ING:	
Proposed Land Use/Development:			n.		
Total acres affected by ap	pplication: ·422				
III. CURRENT PROPE	RTY OWNER(S): Please attach addition	onal sheets if ne	eded.		
	nization): H/M 6131 Avery Rd LLC	CE PAIN SERVICE POR CONTRACTOR CONTRACTOR SERVICE SERV	Peru Entre grade de Califerte de la compansión de la comp		
Mailing Address: (Street, City, State, Zip Co	12243 Cornell Park DR Blue Ash, OH 45242 ode)				
Daytime Telephone:		Fax:			
Email or Alternate Contac	et Information:			- Administration of the Control of t	

IV. APPLICANT(S): This is the person(s) who is submitting the Please complete if applicable.	application if	different than the property ov	wner(s) listed in part III.
Chad Current Name:		Applicant is also property ov	wner: yes no
Organization (Owner, Developer, Contractor, etc.):	y Properties	LLC	
Mailing Address: 7184 Rosewood Quincy Rd (Street, City, State, Zip Code) Degraff . OH 43318			
937 492-8633 937 362-9740	Fax:		
Email or Alternate Contact Information: communityvetsidney@gr	mail.com		
V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY on behalf of the applicant listed in part IV or property owner listed in	OWNER: 7	his is the person(s) who is su se complete if applicable.	bmitting the application
Name:	Mineral States (Mineral Andread Annial Andread Annial Annial Annial Annial Annial Annial Annial Annial Annial		
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 RI this section must be completed and notarized.	EPRESENT	ATIVE(S): If the applicant is	not the property owner,
1		, the	owner, hereby authorize
representative(s) in all matters pertaining to the processing and a to be bound by all representations and agreements made by the de	pproval of thi	to act as my aps sapplication, including modificative.	plicant or ying the project. I agree
Signature of Current Property Owner:			Date:
Check this box if the Authorization for Owner's Applicant or	r Representati	ve(s) is attached as a separate	e document
Subscribed and sworn before me this day of		, 20	
State of			
County of Notary Public			
VII. AUTHORIZATION TO VISIT THE PROPERTY: Site vis application. The Owner/Applicant, as noted below, hereby authoriz property described in this application.	its to the prop tes City repre	perty by City representatives a sentatives to visit, photograp	re essential to process this h and post a notice on the
authorize City representatives to visit, photograph and post a notice		the owner or authoriz	ted representative, hereby tion.
Signature of applicant or authorized representative:	16.	+	Date: _ 0 2 1/

Page 2 of 3

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. , 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. Date: 1-8-2016 Signature of applicant or authorized representative: IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized. **Chad Current** , 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: Subscribed and sworn to before me this County of **Notary Public** 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:**

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and