



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): 8205 Avery Road Dublin, Ohio 43016	
Tax ID/Parcel Number(s): 273-000401-00 Franklin County 3900240340020 Union County	Parcel Size(s) (Acres): Section 3 Part 1 Franklin County 4.244 acres and Union County 18.280 acres. Section 3 Part 2 Union County 13.011 acres
Existing Land Use/Development: Golf Course / vacant	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:
Proposed Land Use/Development: Detached single family residential homes and associated open space
Total acres affected by application: 35.535 acres (Section 3 Part 1 22.524 acres and Section 3 Part 2 13.011 acres)

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

Name (Individual or Organization): Riviera Ventures LLC	
Mailing Address: 3 Easton Oval, Suite 500 (Street, City, State, Zip Code) Columbus, Ohio 43219	
Daytime Telephone: (614) 418-8023 (Jason Francis)	Fax: (614) 418-8317
Email or Alternate Contact Information: jfrancis@MIHOMES.com	

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: Riviera Ventures LLC		Applicant is also property owner: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Owner and developer		
Mailing Address: (Street, City, State, Zip Code) 3 Easton Oval, Suite 500 Columbus, Ohio 43219		
Daytime Telephone: (614) 418-8023 (Jason Francis)	Fax: (614) 418-8317	
Email or Alternate Contact Information: (614) 418-8023 (Jason Francis)		

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: EMH&T	
Organization (Owner, Developer, Contractor, etc.): Engineer and Landscape Architect	
Mailing Address: (Street, City, State, Zip Code) 5500 New Albany Road Columbus, Ohio 43054	
Daytime Telephone: (614) 775-4700	Fax:
Email or Alternate Contact Information: Jeffrey Strung (jstrung@emht.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 _____, 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 _____ day of _____, 20 _____

State of _____

Stamp or Seal

County of _____ Notary Public _____

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 Jason Francis on behalf of Riviera Ventures LLC _____, 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: 12/23/15

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, <u>Jason Francis on behalf of Riviera Ventures LLC</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: <u><i>Jason Francis</i></u>	Date: <u>12/23/15</u>

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

I, <u>Jason Francis on behalf of Riviera Ventures LLC</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: <u><i>Jason Francis</i></u>	Date: <u>12/23/15</u>

Subscribed and sworn to before me this 23rd day of December, 2015
 State of Ohio
 County of Franklin

Notary Public *Tracy Lynn Foltz*



TRACY LYNN FOLTZ
 NOTARY PUBLIC
 STATE OF OHIO
 Comm. Expires
 August 19, 2019

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:	