



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 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): 6860 C Perimeter Drive, Dublin, OH	
Tax ID/Parcel Number(s): 273-012425-00	Parcel Size(s) (Acres): 0.00 (condo)
Existing Land Use/Development: 450 - Condominium Office Building	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:
Proposed Land Use/Development:
Total acres affected by application:

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

Name (Individual or Organization): ZCORP LLC ZCORP, LLC	
Mailing Address: (Street, City, State, Zip Code)	577 County Road 500 Ashland, OH 44805
Daytime Telephone: 440-213-9131	Fax:
Email or Alternate Contact Information: tgzupan@gmail.com	

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AFDP/CU

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.

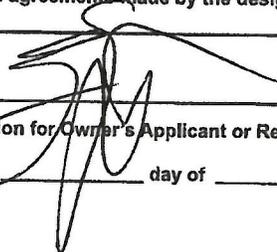
Name: <u>Vidhyah Guhan Srividhyah Swaminathan</u>		Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.):		
Mailing Address: (Street, City, State, Zip Code)		
Daytime Telephone:	Fax:	
Email or Alternate Contact Information:		

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:		
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 REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized.

I, Thomas Zupan, 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: 3-9-16

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 _____

County of _____

Notary Public _____

Stamp or Seal

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, _____, 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: **RECEIVED**

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PLANNING

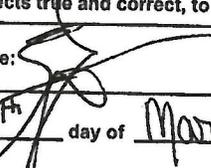
VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

I Thomas Zupan, 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: 3-9-16

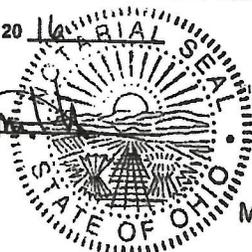
IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I Thomas Zupan, 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: 3-9-16

Subscribed and sworn to before me this 9th day of March, 2016
 State of Ohio
 County of Ashland

Notary Public Cheryl L. Smith



CHERYL L. SMITH
 NOTARY PUBLIC
 STATE OF OHIO
 Recorded in
 Ashland County
 My Comm. Exp. 10/21/17

FOR OFFICE USE ONLY			
Amount Received: <u>1200.00</u>	Application No: <u>16-016 AFDPLICU</u>	P&Z Date(s):	P&Z Action:
Receipt No:	Map Zone: <u>E3-4</u>	Date Received: <u>3/9/16</u>	Received By: <u>CDH</u>
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: <u>PCD</u>		Requested Zoning District:	
<u>Perimeter West Subarea 2 PCD</u>			

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CONDITIONAL USE
Application Requirement Checklist

CITY OF DUBLIN

Application & Supporting Materials

APPLICATION FEE

2 CD - ONE (1) DIGITAL COPY CONTAINING ALL APPLICATION MATERIALS REQUIRED FOR SUBMISSION.
Files must be labeled and submitted as PDFs or JPEGs, or other appropriate electronic format.

ORIGINAL SIGNED AND NOTARIZED PLANNING AND ZONING COMMISSION APPLICATION FORM - ONE (1) COPY

4 APPLICATION STATEMENT - ONE (1) COPY INCLUDING RESPONSES TO THE FOLLOWING:

- Describe the property and its intended use.
- State the necessity or desirability of the proposed use to the neighborhood or community.
- State the relationship of the proposed use to adjacent properties and land uses.
- State how the proposed use will relate to the Dublin Community Plan and any other development standards applicable to the property.

5 LEGAL DESCRIPTION AND/OR PROPERTY SURVEY FOR EACH PARCEL INCLUDED - ONE (1) COPY

6 LIST OF PROPERTY OWNERS AND REGISTERED HOMEOWNERS ASSOCIATIONS WITHIN 150 FEET - TWO (2) COPIES THAT INCLUDE:

- Parcel number
- Owner name
- Complete address

Plans & Maps

All plans require FIVE (5) small (11 x 17) and FIVE (5) large (22 x 34) to scale copies unless otherwise noted. Plans must be stapled, collated, and folded. Additional copies of plans may be requested prior to the case being placed on a meeting agenda.

1 SITE PLAN - Show the following:

- Boundaries and dimensions of the lot.
- Size and location of existing and proposed structures.
- Use of land and location of structures on adjacent properties.
- Proposed use of all parts of the lot and structures, including access, sidewalks, off-street parking and loading spaces, and landscaping.
- Pedestrian and bicycle circulation plan.

2 ARCHITECTURAL ELEVATIONS
Must show proposed materials and colors.

3 MATERIAL/COLOR SAMPLES
Such as swatches, photos, plans, or product specifications. Include manufacturer name and product number for all proposed details.

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Review Criteria

§ 153.236 CONDITIONAL USE REVIEW CRITERIA.

(C) Action by the Planning Commission. The Planning and Zoning Commission shall hold a public hearing and shall not approve a conditional use unless it finds that such use at the proposed location meets all of the following requirements:

- 1) The proposed use will be harmonious with and in accordance with the general objectives, or with any specific objective or purpose of the Zoning Code and/or Community Plan.
- 2) The proposed use will comply with all applicable development standards, except as specifically altered in the approved conditional use.
- 3) The proposed use will be harmonious with the existing or intended character of the general vicinity and that such use will not change the essential character of the same area.
- 4) The use will not be hazardous to or have a negative impact on existing or future surrounding uses.
- 5) The area and proposed use(s) will be adequately served by essential public facilities and services such as highways, streets, police, and fire protection, drainage structures, refuse disposal, water and sewers, and schools; or that the persons or agencies responsible for the establishment of the proposed use shall be able to provide adequately any such services.
- 6) The proposed use will not be detrimental to the economic welfare of the community.
- 7) The proposed use will not involve uses, activities, processes, materials, equipment and conditions of operations, including, but not limited to, hours of operation, that will be detrimental to any persons, property, or the general welfare by reason of excessive production of traffic, noise, smoke, fumes, glare, odor or other characteristic not comparable to the uses permitted in the base zoning district.
- 8) Vehicular approaches to the property shall be so designed as not to create interference with traffic on surrounding public and/or private streets or roads.
- 9) The proposed use will not be detrimental to property values in the immediate vicinity.
- 10) The proposed use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district.

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Property Address(es): 6860'c'Perimeter drive, Dublin, OHIO 43016	
Tax ID/Parcel Number(s):	Parcel Size(s) (Acres):
Existing Land Use/Development:	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development:
Total acres affected by application:

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

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

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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: <u>Strividhyah Swaminathan</u>	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): <u>KUMON OF DUBLIN AVERY</u>	
Mailing Address: (Street, City, State, Zip Code) <u>7620 Conley lane, Dublin, OHIO 43016</u>	
Daytime Telephone: <u>312 315 7309</u>	Fax:
Email or Alternate Contact Information: <u>vidhyahg@hotmail.com</u>	

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:	
Organization (Owner, Developer, Contractor, etc.):	
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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 _____

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I _____, 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: <u>S. Strividhyah</u>	Date: <u>03.07.16</u>

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Signature of applicant or authorized representative:	Date:

Subscribed and sworn to before me this _____ day of _____, 20 _____
 State of _____
 County of _____ Notary Public _____

Stamp or Seal

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:	

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