City of Dublin

Case # 16 - 029ARB-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): 109 1/2 S. High Street Dublin, OH 43017	
Tax ID/Parcel Number(s): 273-000070	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): Gemlaw Properties,LLC	
Mailing Address: 109 S. High Street, Dublin, Ohio 43017	
Daytime Telephone: 614-389-8800	Fax: 614-
Email or Alternate Contact Information: tmitchell@gem-law.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:	

III. APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s).

Name: (Individual or Organization) Tom, Sam, Ben Calhoon	
Mailing Address: 3535 Fishinger Blvd Hilliard, Ohio 43026	
Daytime Telephone: 614-777-1000	Fax: 614-777-6590
Email or Alternate Contact Information: Tom Calhoon or Sam Calhoon at BHASCE.com	

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

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

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

I, Richard Gerber, the **owner**, hereby authorize Sam + Tom Calhoon 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: [signature]	Date: 4-5-2016

☐ 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, Richard Gerber, 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: [signature]	Date: 4-5-2016

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

I, Richard Gerber, 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: [signature]	Date: 4-5-2016

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

Subscribed and sworn to before me this 4th day of April, 2016

State of Ohio

County of Franklin

(Notary Public Seal)

[signature]

Attorney at Law
Public, State of Ohio
ORC 147