



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): 6525, 6547 & 6569 Sawmill Road

Tax ID/Parcel Number(s):

273-012229
273-009083
273-009085

Parcel Size(s) in Acres:

10.93 +/-

Existing Land Use/Development:

Community Commercial

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):

Rupp Real Estate

Mailing Address:

6525 Sawmill Road
Dublin OH 43017

Daytime Telephone:

Fax:

Email or Alternate Contact Information:

KRUPP11@sbcglobal.net

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) <u>Kevin McCauley Stavroff Land & Development, Inc</u> | |
| Mailing Address: <u>6089 Dublin Center Dr. Dublin OH 43017</u> | |
| Daytime Telephone: <u>614-764-9981</u> | Fax: |
| Email or Alternate Contact Information: <u>Kevin@stavroff.com</u> | |

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

| | |
|--|------|
| Name: (Individual or Organization) <u>Kevin McCauley Stavroff Land & Development, Inc</u> | |
| Mailing Address: <u>6089 Dublin Center Dr. Dublin OH 43017</u> | |
| Daytime Telephone: <u>614-764-9981</u> | Fax: |
| Email or Alternate Contact Information: <u>Kevin@stavroff.com</u> | |

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

I, Kevin Ruff, the **owner**, hereby authorize Kevin McCauley 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: <u>[Signature]</u> | Date: <u>5-31-16</u> |
|--|-------------------------|

Check this box if the original Authorization for Owner's Applicant(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, Kevin McCauley, 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: <u>[Signature]</u> | Date: <u>5/25/16</u> |
|--|-------------------------|

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

I, Kevin McCauley, 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: <u>[Signature]</u> | Date: <u>5/25/16</u> |
|---|-------------------------|

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

Subscribed and sworn to before me this 31st day of May, 2016
 State of Ohio
 County of Franklin



CRISTINA E YATES
 Notary Public, State of Ohio
 Delaware County
 My Commission Expires
 November 26, 2016



Case # _____

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- Other:** _____
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Parcel Size(s) in Acres:

Existing Land Use/Development:

Zoning District:

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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):

Ashton Woods Limited Partnership
Seyman L. Stern, Gen'l Partner

Mailing Address:

1350 W. 5th Ave
PO Box 12113
Columbus, Oh 43212

Daytime Telephone:
614-204-6031

Fax:

Email or Alternate Contact Information:
seystern@att.net

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) Kevin McCauley

Mailing Address:

Daytime Telephone: _____ Fax: _____

Email or Alternate Contact Information:

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

Name: (Individual or Organization) Kevin McCauley

Mailing Address:

Daytime Telephone: _____ Fax: _____

Email or Alternate Contact Information:

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

I, Seyman L. Stern, Gen'l Partner of AWLP, the owner, hereby authorize Kevin McCauley 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: Seyman L. Stern, Gen'l Partner Date: _____

Check this box if the original Authorization for Owner's Applicant(s)/Representative(s) is attached as a separate document.

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Signature of Owner or Authorized Representative: _____ Date: 5/25/16

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Signature of Current Property Owner or Authorized Representative: _____ Date: 5/25/16

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

Subscribed and sworn to before me this 31st day of May, 2016

State of Ohio

County of Franklin

For questions or more information, please contact Land Use and Zoning Services Planning at (614) 265-3441 or www.dcdelin.oh.us



CRISLINA E. YATES
 Notary Public State of Ohio
 Delaware County
 My Commission Expires
 November 26, 2016