



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 checked="" 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): 6044 - 6076 Dublin Road	
Tax ID/Parcel Number(s): 270-000285 270-000288 270-000287 270-000286 270-000289	Parcel Size(s) (Acres): .308 Acres .982 Acres .631 Acres .967 Acres .973 Acres Total 3.861
Existing Land Use/Development: Residential	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: PUD - Residential
Total acres affected by application: 3.861

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

Name (Individual or Organization): Walter W Reckless TR	
Mailing Address: (Street, City, State, Zip Code)	6076 Dublin Road Dublin, OH 43017
Daytime Telephone: 202-270-6579	Fax:
Email or Alternate Contact Information: sarareckless@gmail.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: Daniel N. Terlecki	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Bethel Development, Inc.	
Mailing Address: (Street, City, State, Zip Code) 201 Bradenton Ave. Suite 120 Dublin, Ohio 43017	
Daytime Telephone: 614-792-5511 ex 01	Fax: 614-792-5151
Email or Alternate Contact Information: dan@bethel94.com	

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: Sara E. Reckless	
Organization (Owner, Developer, Contractor, etc.): Walter W. Reckless TR, Trustee	
Mailing Address: (Street, City, State, Zip Code) 1851 Columbia Rd, NW, Apt 410, Washington, DC 20009	
Daytime Telephone: 202-270-6579	Fax:
Email or Alternate Contact Information: sarareckless@gmail.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 <u>Sara E. Reckless</u> , 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: 8/4/16

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, Sara E. Reckless, 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.

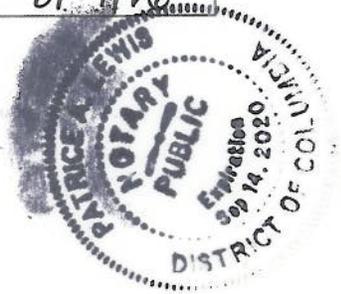
Signature of applicant or authorized representative: [Signature] Date: 8/4/16

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

I, Sara E. Reckless, 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: [Signature] Date: 8/4/16

Subscribed and sworn to before me this 4 day of August, 20 16
 State of Washington
 County of District of Columbia Notary Public Patrice A. Orr



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:	