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

BOARD OF ZONING APPEALS APPLICATION

(Code Section 153.231)

16-064 AA

I. PLEASE CHECK THE TYPE OF APPLICATION:

- [x] **Administrative Appeal (Code Section 153.231)**
  - [ ] Administrative
  - [ ] Building Construction
  - [ ] Stream Corridor Protection Zone
- [ ] **Special Permit (Code Section 153.090)**
  - [ ] List Special Permit Type _____
- [ ] **Variance (Code Section 153.231)**
  - [ ] Non-Use (area) Variance
  - [ ] Use Variance
- [ ] **Other (Please Specify):** _____

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 7123 Wilton Loop

Tax ID/Parcel Number(s):	Parcel Size(s) (Acres):
3900140580410	0.4017

Existing Land Use/Development: Residential property

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development:
Landscaping / putting green in no build zone

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

Name (Individual or Organization): D Scott and Jennifer Buckles

Mailing Address: (Street, City, State, Zip Code) 7123 Wilton Loop, Dublin, OH 43017

Daytime Telephone:	Fax:
Scott- 614-678-9942 Jen- 614-787-8565	

Email or Alternate Contact Information: scottbuckles@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:	Applicant is also property owner: yes [x] no [ ]
D Scott and Jennifer Buckles	

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

Mailing Address: (Street, City, State, Zip Code) 7123 Wilton Loop, Dublin, OH 43017

Daytime Telephone:	Fax:
Scott- 614-678-9942 Jen- 614-787-8565	

Email or Alternate Contact Information: scottbuckles@gmail.com

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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: same as above	
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 _____, 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 11th day of August, 20 16

State of Ohio

County of Franklin

Notary Public Kayla Simkins

KAYLA SIMKINS NOTARY PUBLIC STATE OF OHIO COMM. EXP. JAN 16, 2019

VII. AUTHORIZATION TO VISIT THE PROPERTY:

Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as notarized below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

I D Scott Buckles and Jennifer Buckles, 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: D Scott Buckles Jennifer Buckles	Date: 08/11/2016

VIII. UTILITY DISCLAIMER:

The Owner/Applicant acknowledges the approval of this request for rezoning 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 D Scott Buckles and Jennifer Buckles, 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: D Scott Buckles Jennifer Buckles	Date: 08/11/2016

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

I D Scott Buckles and Jennifer Buckles, 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: 08/11/2016

Subscribed and sworn to before me this 11th day of August, 20 16

State of Ohio

County of Union Notary Public

Stamp or Seal

NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSIMILE CONFIRMING RECEIPT OF THIS APPLICATION

FOR OFFICE USE ONLY			
Amount Received: 100.00	Application No: 16-064AA	BZA Date(s):	BZA Action:
Receipt No:	Map Zone:	Date Received: 8/11/16	Received By: Lori Burchett
Type of Request: Admin. Appeal			
N, S, E, W (Circle) Side of: Wilton Loop			
N, S, E, W (Circle) Side of Nearest Intersection:			
Distance from Nearest Intersection:			
Existing Zoning District: TARTAN RIDGE PUD			

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