

City of Dublin  
5200 Emerald Parkway  
Dublin, OH 43017

**RE: VERIZON WIRELESS**

**Site: 5080 Tuttle Crossing Blvd., Dublin OH 43016**

**Address:**

Dear Department Representative,

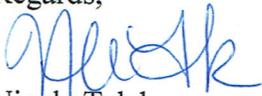
Please find enclosed our application for Building Permit for the above mentioned site. AT&T is proposing to make changes at the existing telecommunications site.

Enclosed please find the following:

- ART Application
- 10 sets of Structural Analyses
- 10 sets of Construction Drawings
- \$2,000.00 Application Fee

Your assistance in this matter is greatly appreciated. If you have any questions or need any further information about the proposed work, please contact me at 412-735-2312 or by email at [ntalak@nbcllc.com](mailto:ntalak@nbcllc.com).

Regards,



Nicole Talak  
Site Acquisition Specialist  
Network Building + Consulting, LLC



Case # \_\_\_\_\_ - \_\_\_\_\_

# 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
- Development Plan Review
- Waiver Review
- Open Space Fee-in-Lieu
- City Council Appeal
- Minor Project
- Site Plan Review
- Master Sign Plan
- Parking Plan
- Administrative Departure

### Wireless Applications

- New Tower
- Alternative Structure
- Co-Location
- 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
- Administrative Appeal
- Project involving modifications to property within the Architectural Review District
- Other: \_\_\_\_\_
- Rezoning

### 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): <b>5080 Tuttle Crossing Blvd., Dublin OH</b>	
Tax ID/Parcel Number(s):	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): <b>Verizon Wireless</b>	
Mailing Address: <b>18 Abele Rd., Bridgeville PA 15017</b>	
Daytime Telephone: <b>412-735-2312</b>	Fax:
Email or Alternate Contact Information: <b>ntalak@nbcllc.com</b>	

### 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) <b>Nicole Talak / NB+C</b>	
Mailing Address: <b>6095 Marshalee Dr., Suite 300, Elkridge MD 21075</b>	
Daytime Telephone: <b>412-735-2312</b>	Fax:
Email or Alternate Contact Information: <b>ntalak@nbcllc.com</b>	

**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, <u>Richie Behling / Verizon Wireless tower</u> , the <b>owner</b> , hereby authorize <u>Nicole Talak</u> to act as a <b>representative(s)</b> 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:	Date: <b>8/15/16</b>

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, _____, the <b>owner</b> or <b>authorized representative</b> , 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:	Date:

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

I, _____, the <b>owner</b> or <b>authorized representative</b> , 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:	Date:

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
 State of \_\_\_\_\_ {Notary Public Seal}  
 County of \_\_\_\_\_

ORIGIN D:PTA NICOLE TALAK NB&C 1026 CHESTNUT RIDGE DRIVE PITTSBURGH, PA 15205 UNITED STATES US	(412) 735-2312	SHIP DATE: 15AUG16 ACTWGT: 0.50 LB CAD: 106337752/NET3790
TO CITY OF DUBLIN PLANNING DEPT		BILL SENDER
5200 EMERALD PARKWAY		
DUBLIN OH 43017		
(412) 735-2312	REF: 2679	
NV PO	DEPT:	
		
		
J162016070501uv		
TRK# 0201	7769 9131 2634	WED - 17 AUG 4:30P ** 2DAY **
		
SX OSUA		
OH-US LCK		
43017		

544J11/1370/14E8

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.