City of Dublin

Case # 16 - 067MPR

APPLICATION FOR **DEVELOPMENT**

PLEASE CHECK THE TYPE OF REVIEW

- ☐ Vertical Infrastructure Districts (Zoning Code Section 153.077 - 153.081)
- ☐ Bridge Street Corridor District (Zoning Code Section 153.057 - 153.062)
- ☐ Wireless Communication Facility (Chapter 99)

PLEASE CHECK THE APPLICATION TYPE

- ☐ Basic Plan Review
- ☐ Development Plan Review
- ☐ Minor Project
- ☐ Site Plan Review
- ☐ Waiver Review
- ☐ Open Space Plan (etc.)
- ☐ City Council Appeal
- ☐ 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
- ☐ Rezoning
- ☐ Administrative Appeal
- ☐ Project involving modifications to property within the Architectural Review District
- ☐ Other

INSTRUCTION BOOKLET REQUIREMENTS

- ☐ Fee (refer to the approved fee list)
- ☐ Electronic Copies of all application materials (PDF, JPEG, Word, etc. as appropriate)
- ☐ Submission Requirements for each type of application (see 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): 6305 Sawmill Road	
Tax ID/Parcel Number(s): 273008261	Parcel Size(s) in Acres: 8.67
Existing Land Use/Development:	Zoning District: BSD C

☐ 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): Dublin Station, LLC	
Mailing Address: 11501 Northlake Drive Cincinnati, OH 45249	
Daytime Telephone: 724-640-3496	Fax: 724-863-8383
Email or Alternate Contact Information: gsonnik@phillipsedison.com	

FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

Date of Acceptance: 8/19/16	Next Decision Due Date:
Final Date of Decision:	Determination:
Director's (or Designee's) Signature:	

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

Name: (Individual or Organization) TODD GIALLORATI	
Mailing Address: 4545 GARY WAY HILLIARD OH 43026	
Daytime Telephone: (614) 804-6823	Fax: N/A
Email or Alternate Contact Information: TODDGIALLORAT@GMAIL.COM	

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

Name: (Individual or Organization) Gina Sonnik, Senior Regional Property Manager	
Mailing Address: 11501 Northlake Drive, Cincinnati, OH 45249	
Daytime Telephone: 724-640-3496	Fax: 724-963-8383
Email or Alternate Contact Information: gsonnik@phillipsedison.com	

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

I, Dublin Station, LLC, the **owner**, hereby authorize Gina Sonnik 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: Gina M Sonnik / Senior Regional Property Manager	Date: 8/18/16

☐ 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, Gina Sonnik, 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: Gina M Sonnik	Date: 8/18/16

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

I, TODD GIALLORATI, 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: Todd Gialloratti	Date: 8/19/16

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

Subscribed and sworn to before me this 19 day of August, 2016

State of Ohio

County of Franklin

Cynthia M Young

Cynthia McConnell Young
Notary Public, State of Ohio

NOTARIAL SEAL (Notary Public Seal) STATE OF OHIO

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