



PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

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

I. PLEASE CHECK THE TYPE OF APPLICATION:

- | | |
|--|--|
| <input 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 checked="" 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): 5675 Venture Drive	
Tax ID/Parcel Number(s): 273011043	Parcel Size(s) (Acres): 3.90
Existing Land Use/Development:	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: NA
Total acres affected by application: NA

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

Name (Individual or Organization): Nationwide Children's Hospital	
Mailing Address: 700 Childrens Dr, Columbus, Ohio 43205 (Street, City, State, Zip Code)	
Daytime Telephone: 937 578 7619	Fax:
Email or Alternate Contact Information: Kent.Weakley@nationwidechildrens.org	

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: Dana L. McDaniel	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): City Manager, City of Dublin, Ohio	
Mailing Address: (Street, City, State, Zip Code) 5200 Emerald Parkway, Dublin, Ohio 43016	
Daytime Telephone: 614-410-4400	Fax:
Email or Alternate Contact Information:	

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: Nationwide Children's Hospital / Kent Weakley	
Organization (Owner, Developer, Contractor, etc.): Owner	
Mailing Address: (Street, City, State, Zip Code) 5675 Venture Dr Dublin Oh.	
Daytime Telephone: 937 578 7619	Fax:
Email or Alternate Contact Information: Kent.Weakley@nationwidechildrens.org	

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, Kent Weakley, the owner, hereby authorize Bruce Sommerfeld of Signcom Inc 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: 8-19-16

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 19th day of August, 2016
 State of Ohio
 County of Franklin Notary Public Kayla Simkins



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, Bruce Sommerfeld, 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: 8/10/16

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, Bence M. Sommerfelt, 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: 8/23/16

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

I, Bence M. Sommerfelt, 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: 8/23/16

Subscribed and sworn to before me this 23rd day of August, 2016
 State of Ohio
 County of Franklin

Notary Public



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:	

NATIONWIDE CHILDRENS HOSPITAL

5675 VENTURE DR

MONUMENT SIGN

**APPLICATION TO REPLACE THE PREVIOUS MNOUMENT THAT WAS REMOVED BY RIGHT OF WAY
EXPANSION WITH NEW SIGN, PER ATTACHED PLAN. SIGN DESIGN TO MEET CODE**