



# ARB APPLICATION

## Application Requirement Checklist

CITY OF DUBLIN

### Application & Supporting Materials

- 1 CD - ONE (1) DIGITAL COPY CONTAINING ALL APPLICATION MATERIALS REQUIRED FOR SUBMISSION. Files must be labeled and submitted as PDFs or JPEGs, or other appropriate electronic format.
- 2 ORIGINAL SIGNED AND NOTARIZED ARCHITECTURAL REVIEW BOARD APPLICATION FORM - ONE (1) ORIGINAL AND ONE (1) COPY
- 3 LEGAL DESCRIPTION AND/OR PROPERTY SURVEY - ONE (1) COPY
- 4 TAX PARCEL IDENTIFICATION MAP (8.5x11 or 11x17) Indicating property owners and parcel numbers for all parcels within 500 feet of the site. ONE (1) COPY
- 5 LIST OF CONTIGUOUS PROPERTY OWNERS within 150 feet of the perimeter of the property based on the County Auditor's current tax list - ONE (1) COPY THAT INCLUDES:
  - A Parcel number
  - B Owner name

### Plans & Maps

All plans require FOURTEEN (14) small (11 x 17) and ONE (1) large (22 x 34) to scale copies unless otherwise noted. Additional copies of plans may be requested prior to the case being placed on a meeting agenda.

- 1 SCALED SITE/STACKING PLANS- SHOW THE FOLLOWING:
  - A North arrow and bar scale.
  - B Location, size and dimensions of all existing and proposed conditions and structures (significant natural features, landscaping for commercial projects, structures, additions, decks, access ways, parking).
  - C Proposed uses (development density, number of dwellings, building types and square footages, parking, open space, etc.).
  - D Size of the site in acres/square feet.
  - E All property lines, setbacks, street centerlines, rights-of-way, easements, and other information related to the site.
  - F Existing and proposed (if applicable) zoning district boundaries.
  - G Use of land and location of structures on adjacent properties.
- 2 GRADING PLAN - (if applicable)
- 3 LANDSCAPING PLAN - (if applicable)
- 4 LIGHTING PLAN - (if applicable)
- 5 UTILITY AND/OR STORMWATER PLAN - (if applicable)
- 6 TREE SURVEY, TREE PRESERVATION AND TREE REPLACEMENT PLANS. - (if applicable)
- 7 ARCHITECTURAL ELEVATIONS with proposed colors and materials noted. - (if applicable)
- 8 Material/Color Samples- (swatches, photos, plans, or product specifications), including manufacturer name and product number, as applicable.- One (1) Copy

April 1st - submission  
 April 24th - APB mtg



ARCHITECTURAL REVIEW BOARD APPLICATION

(Code Sections 153.170-153.187)

CITY OF DUBLIN.

Land Use and  
 Long Range Planning  
 5800 Silver-Rings Road  
 Dublin, OH 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"/> New Construction              | <input type="checkbox"/> Roof, Door or Window Replacements or Additions              |
| <input checked="" type="checkbox"/> Building Addition  | <input type="checkbox"/> Gutter and Downspout Replacements or Additions              |
| <input type="checkbox"/> Demolition                    | <input type="checkbox"/> External Mechanical Equipment (AC units, vents, HVAC, etc.) |
| <input type="checkbox"/> Signage and Lighting          | <input type="checkbox"/> Parking, Paving and other Hard Surfaces                     |
| <input type="checkbox"/> Re-painting                   | <input type="checkbox"/> Other (Please Specify) _____                                |
| <input type="checkbox"/> Landscaping (Non-Residential) |  |
| <input type="checkbox"/> Re-siding                     |  |

II. PROPERTY INFORMATION: This section must be completed.

|   |  |
|---|--|
| Property Address(es): 6135 Rings Road, Dublin, Ohio 43016         |  |
| Tax ID/Parcel Number(s):<br>274-000036<br>274-00031<br>273-005580 | Parcel Size(s) (Acres):<br>13.749 Ac (Total) |
| Existing Land Use/Development: St. John Lutheran Church           |  |

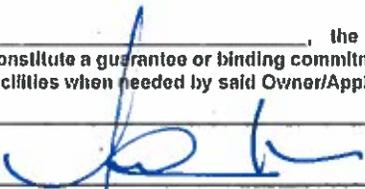
IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

|   |
|---|
| Proposed Land Use/Development:<br>Building & Parking Addition |
|---|

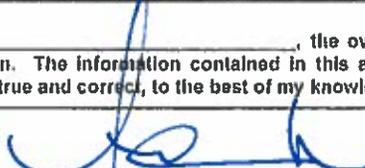
III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

|   |      |
|---|------|
| Name (Individual or Organization): St. John Lutheran Church                             |      |
| Mailing Address:<br>(Street, City, State, Zip Code) 6135 Rings Road, Dublin, Ohio 43016 |      |
| Daytime Telephone: 614-889-2284   | Fax: |
| Email or Alternate Contact Information: john.greig@stjohndublin.org                     |      |

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.

|   |                 |
|---|-----------------|
| Rolando Matias<br>I, <u>Rolando Matias</u> , 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:    | Date: 9/26/2016 |

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

|  |                 |
|--|-----------------|
| Rolando Matias<br>I, <u>Rolando Matias</u> , 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: 9/26/2016 |

Subscribed and sworn to before me this 26 day of Sept  
 State of Ohio  
 County of Franklin Notary Public Lisa M Plaisted



State of Ohio  
 Notary Public  
 Lisa M Plaisted  
 My Commission Expires 10/11/2016

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

| FOR OFFICE USE ONLY                               |                 |                |              |
|---|-----------------|----------------|--------------|
| Amount Received:                                  | Application No: | ARB Date(s):   | ARB Action:  |
| Receipt No:                                       | Map Zone:       | Date Received: | Received By: |
| 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:                         |                 |                |              |