City of Dublin

Case # 17 - 022BPR/PP/FP

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
- ☐ Minor Project
- ☐ Site Plan Review
- ☐ Waiver Review
- ☐ Open Space Fee-in-Lieu
- ☐ 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:_____

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): Bridge Park Block D	
Tax ID/Parcel Number(s): 273-012703 273-012663 273-012427	Parcel Size(s) in Acres: 3.82 0.47 12.82
Existing Land Use/Development: Vacant Land	Zoning District: BSD Scioto River

☑ 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): Scioto Tuller Acquisition Nelson Yoder	
Mailing Address: 6640 Riverside Drive, Ste 500 Dublin, Ohio 43017	
Daytime Telephone: 614-335-2020	Fax:
Email or Alternate Contact Information: nyoder@crawfordhoying.com	

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:	

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

Name: (Individual or Organization)	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

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, _____, the **owner**, hereby authorize _____ 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:	Date:

☐ 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, Nelson Yoder, 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:	Date: 3/21/2017

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

I, Nelson Yoder, 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:	Date: 3/21/2017

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

Subscribed and sworn to before me this 20 day of March, 2017

State of Ohio

County of Franklin

Dawn R. Russell
Notary Public, State of Ohio
My Commission Expires 08-25-2018

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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

PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

I. PLEASE CHECK THE TYPE OF APPLICATION:

☐ Informal Review	☑ Final Plat (Section 152.085)
☐ Concept Plan (Section 153.056(A)(1))	☐ Conditional Use (Section 153.236)
☐ Preliminary Development Plan / Rezoning (Section 153.053)	☐ Corridor Development District (CDD) (Section 153.115)
☐ Final Development Plan (Section 153.053(E))	☐ Corridor Development District (CDD) Sign (Section 153.115)
☐ Amended Final Development Plan (Section 153.053(E))	☐ Minor Subdivision
☐ Standard District Rezoning (Section 153.018)	☐ Right-of-Way Encroachment
☑ Preliminary Plat (Section 152.015)	☐ 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): Bridge Park Block D	
Tax ID/Parcel Number(s): 273-012703 273-012663 273-012427	Parcel Size(s) (Acres): 3.82 0.47 12.82
Existing Land Use/Development: Vacant Land	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:
Proposed Land Use/Development: Mixed-Use Development
Total acres affected by application: 5 Acres

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

Name (Individual or Organization): Scioto Tuller Acquisition,LLC	
Mailing Address: (Street, City, State, Zip Code)	6640 Riverside Drive, Ste 500 Dublin, Ohio 43017
Daytime Telephone: 614-335-2020	Fax:
Email or Alternate Contact Information: nyoder@crawfordhoying.com	

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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: Nelson Yoder	Applicant is also property owner: yes ☐ no ☐
Organization (Owner, Developer, Contractor, etc.): Crawford Hoying Development Partners	
Mailing Address: (Street, City, State, Zip Code) 6640 Riverside Drive Suite 500, Dublin, Ohio 43017	
Daytime Telephone: 614-335-2020	Fax:
Email or Alternate Contact Information: nyoder@crawfordhoying.com	

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:	
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 _____ day of _____, 20 _____

State of _____

County of _____ Notary Public _____

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 Nelson Yoder, 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: 3/21/17

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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 Nelson Yoder, 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: 3/21/2017

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

I Nelson Yoder, 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: 3/21/2017

Subscribed and sworn to before me this 20 day of March, 20 2017

State of Ohio

County of Franklin

Notary Public

Dawn R. Russell
Notary Public, State of Ohio
My Commission Expires 08-25-2018

FOR OFFICE USE ONLY			
Amount Received:	Application No: 17-022BPR/PP/FP	P&Z Date(s):	P&Z Action:
Receipt No:	Map Zone: C-1	Date Received: 3/21/17	Received By: MTK
City Council (First Reading):		City Council (Second Reading):	
City Council Action:		Ordinance Number:	
Type of Request: BASIC PLAN REVIEW/PRELIMINARY PLAT/FINAL PLAT			
N, S, E, W (Circle) Side of: RIVERSIDE DR.			
N, S, E, W (Circle) Side of Nearest Intersection: JOHN SHIELDS PARKWAY			
Distance from Nearest Intersection: AT			
Existing Zoning District: BSD SRN		Requested Zoning District: BSD SRN	

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