City of Dublin
OHIO. USA

RECEIVED
17-084MPR
AUG 10 2017
CITY OF DUBLIN
PLANNING

FILE COPY

Planning | 2017
Case # 17 - 084MPR

PLANNING APPLICATION

This is the general application form for Boards and Commissions. In addition, applicants should submit a checklist with the requirements for the application type indicated below. Attach additional sheets if necessary.

I. REVIEW REQUESTED:

- ☐ Administrative Appeal
- ☐ Administrative Departure
- ☐ Amended Final Development Plan
- ☐ Amended Final Development Plan - Sign
- ☐ Basic Development Plan Review
- ☐ Basic Site Plan Review
- ☐ Community Plan Amendment
- ☐ Concept Plan
- ☐ Conditional Use
- ☐ Development Plan Review - Bridge Street District
- ☐ Development Plan Review - West Innovation District
- ☐ Final Development Plan
- ☐ Final Plat
- ☐ Informal Review
- ☐ Master Sign Plan
- ☐ Minor Modification
- ☒ Minor Project Review
- ☐ Minor Subdivision
- ☐ Non-Use (Area) Variance
- ☐ Preliminary Development Plan/PUD Rezoning
- ☐ Preliminary Plat
- ☐ Site Plan Review - Bridge Street District
- ☐ Site Plan Review - West Innovation District
- ☐ Special Permit
- ☐ Standard District Rezoning
- ☐ Use Variance
- ☐ Waiver Review
- ☐ Wireless Communications Facility
- ☐ Zoning Code Amendment

II. PROPERTY INFORMATION: Provide information about the property including existing and proposed development.

Property Address(es):
6711 Dublin Center Dr

Tax ID/Parcel Number(s) (List All):	Parcel Size(s) in Acres (List Each Separately):
273-009054	13.5 Acres
Existing Land Use/Development: ~~BSD~~ Commercial ~~Community Commercial~~	Existing Zoning District: BSD-SCN ~~Community Commercial~~
Proposed Land Use/Development:	Proposed Zoning District:

III. CURRENT PROPERTY OWNER(S): Indicate the person(s) or organization(s) who own the property proposed for development.

Name (Individual or Organization):
DVC 6561-6815 Associates, LLC

Mailing Address (Street, City, State, ZIP):
6689 Dublin Center Dr
Dublin OH 43017

Email/Phone Number:
Kevin@starriff.com

RECEIVED
17-084MPR
AUG 10 2017
CITY OF DUBLIN
PLANNING

FILE COPY

IV. APPLICANT(S): Complete this section if the person/organization representing the applicant/ property owner is different from the applicant.

☐ **Not Applicable**

Name (Individual or Organization):	Richard Gregory LLC, dba Revelry Tavern
Mailing Address (Street, City, State, ZIP):	3258 Heatherstone Ct. Dublin, OH 43017
Phone Number:	614-738-4452
Email:	richspagna@gmail.com

V. REPRESENTATIVE(S): Complete this section if the person/ organization representing the applicant/ property owner is different from the applicant (such as the project manager or property owner's legal council).

☐ **Not Applicable**

Name (Individual or Organization):	RON MONROE MONROE SIGN SERVICES
Mailing Address (Street, City, State, ZIP):	2714 LAROSA DR GROVE CITY OH 43123
Phone Number:	614-940-3042
Email:	MONROE SIGN SERVICES AT GMAIL.COM

VI. PROPERTY OWNER'S AUTHORIZATION OF APPLICANT(S)/ AUTHORIZED REPRESENTATIVE: The Property Owner listed in Section II must authorize the Applicant listed in Section III and/or the Authorized Representative listed in Section IV to act on the Owner's behalf with respect to this application.

☐ **Not Applicable**

I DNC 6561-6815 Associates, LLC, the **property owner**, hereby authorize Richard Gregory LLC & Ron Monroe To act as my **representative(s)** in all matters pertaining to the processing and approval of this application, including modification to the application. I agree to be bound by all representations and agreements made by the designated representative (listed in Sections III and/or IV).

Original Signature of Property Owner (listed in Section II): _____ Date: 8/7/17

Subscribed and sworn before me this 7th day of August, 2017

State of Ohio

County of Franklin

Notary Public _____

NOTARIAL SEAL STATE OF OHIO

CRISTINA E. DIONNE
NOTARY PUBLIC
FOR THE
STATE OF OHIO
My Commission Expires
November 26, 2021

VI. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representative are essential to process the application. The Property Owner/ Applicant/ Authorized Representative (listed in Section II), hereby authorizes City representatives to enter, photograph, and post a notice on the property described in this application. This is optional, but strongly recommended.

I DNC 6561-6815 Associates, LLC, the **property owner** or **authorized representative**, hereby authorize City representatives to enter, photograph and post a notice on the property described in the application.

Original Signature of Property Owner or Authorized Representative: _____ Date: 8/7/17

VI. APPLICANT'S AFFIDAVIT OF ACKNOWLEDGMENT: This section must be completed with an **original signature** and **notarized.**

☐ **Original Document Attached**

I DNG 4561-6815 Associates, LLC, the **property 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 best of my knowledge and belief.

Original Signature of Property Owner or Authorized Representative: _____ Date: 8/7/17

Subscribed and sworn before me this 7th day of August, 2017
State of Ohio
County of Franklin
Notary Public _____

NOTARIAL SEAL STATE OF OHIO
CRISTINA E. DIONNE
NOTARY PUBLIC
FOR THE
STATE OF OHIO
My Commission Expires
November 26, 202

FOR OFFICE USE ONLY:

Case Title: REVELRY TAVERN - SIGN	Date Received: 8/10/17
Case Number: 17-084MPR	
Amount Received: $100.00	Next Decision Due Date (If Applicable):
Receipt Number:	
Reviewing Body (Circle One): (ART) ARB BZA CC PZC	Final Date of Determination:
Map Zone: C-1	
Determination or Action:	Related Cases:
Ordinance Number (If Applicable):	

RECEIVED
17-084 MPR
AUG 10 2017
CITY OF DUBLIN
PLANNING

FILE COPY