City of Dublin
OHIO, USA

Case # _____-_____

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
- ☐ Architectural Review Board
- ☐ Basic Development Plan Review
- ☐ Basic Site Plan Review
- ☐ Building Code Appeal
- ☐ Community Plan Amendment
- ☐ Concept Plan
- ☐ Conditional Use
- ☐ Development Plan Review - Bridge Street District
- ☐ Development Plan Review - West Innovation District
- ☐ Demolition
- ☐ 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):
6540 Riverside Drive

Tax ID/Parcel Number(s) (List All):	Parcel Size(s) in Acres (List Each Separately):
273-012719-00	0.64
Existing Land Use/Development:	**Existing Zoning District:**
HOTEL	BSD SCIOTO RIVER
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):
Bridge Park Hotel, LLC

Mailing Address (Street, City, State, ZIP):
6640 Riverside Drive, Ste 500
Dublin, OH 43017

Email/Phone Number:
614. 335. 2020

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):
Mailing Address (Street, City, State, ZIP):
Phone Number:
Email:

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): RUSSELL HUNTER
Mailing Address (Street, City, State, ZIP): 6640 RIVERSIDE DR, STE 500 DUBLIN OH 43017
Phone Number: 614.335.2020
Email: rhunter@crawfordhaying.com

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

☐ **Not Applicable**

I Bob Hoying, the **property owner**, hereby authorize Russ Hunter
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:

Subscribed and sworn before me this 19th day of March, 2018
State of Ohio
County of Franklin
Notary Public

JEFFREY DAVID ROBERTS - NOTARY PUBLIC - STATE OF OHIO

Stamp or Seal

VII. 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 Bob Hoying, 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:

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

☐ **Original Document Attached**

I Bob Hoying, 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:

Subscribed and sworn before me this 19th day of March, 2018
State of Ohio
County of Franklin
Notary Public

JEFFREY DAVID ROBERTS - NOTARY PUBLIC - STATE OF OHIO

FOR OFFICE USE ONLY:

Case Title:	Date Received:
Case Number:	
Amount Received:	Next Decision Due Date (If Applicable):
Receipt Number:	
Reviewing Body (Circle One): **ART ARB BZA CC PZC**	Final Date of Determination:
Map Zone:	
Determination or Action:	Related Cases:
Ordinance Number (If Applicable):	