

Submission Requirements for each type of

Legal Description and/or Property Survey

application (refer to checklists)

for the subject property

Case # 16 - 054 APB

APPLICATION FOR **DEVELOPMENT**

I. PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attach additional sheets if necessary. Property Address(es): PLEASE CHECK THE TYPE OF REVIEW ■ West Innovation Districts (Zoning Code Sections 153.037 - 153.043) Tax ID/Parcel Number(s): Parcel Size(s) in Acres: **Bridge Street Corridor Districts** (Zoning Code Sections 153.057- 153.066) 273 008414 Wireless Communication Facility (Chapter 99) PLEASE CHECK THE APPLICATION TYPE Existing Land Use/Development: Zoning District: Basic Plan Review ☐ Minor Project all-Development Plan Review ☐ Site Plan Review ☐ Check this box if any **Administrative Departures** are requested and attach Waiver Review ☐ Master Sign Plan an Administrative Departure request form. Open Space Fee-in-Lieu ☐ Parking Plan City Council Appeal □ Administrative $\ \square$ Check this box if any **Waivers** are requested as part of the application for Departure development and attach a Waiver Request form. **Wireless Applications** II. PROPERTY OWNER INFORMATION: Indicate the person(s) or □ New Tower ☐ Co-Location □ Alternative Structure organization(s) who own the property proposed for development. Attach additional □ Temporary pages if there are multiple property owners. The following applications require review and deci-Name (Individual or Organization): sion by the Planning and Zoning Commission, **Board of Zoning Appeals, or Architectural Re-**Dublin - Dana McDaniel view Board, but may be submitted concurrently with another application. Mailing Address: Check any that apply: Conditional Use 5200 Emerald Parkway ☐ Rezoning Administrative Appeal Project involving modifications to property within Dublin, Ohro 4301 the Architectural Review District Other: Daytime Telephone: **SUBMISSION REQUIREMENTS** Email or Alternate Contact Information: ☐ **Fee** (refer to the approved fees list) **Electronic Copies** of all application materials (PDF, JPEG, Word, etc. as appropriate)

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:

III. APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s).			
Name: (Individual or Organization) Matt Earman, City of Duldin			
Mailing Address: 6555 Shier Rugs Rd, Dubly, OH 43016			
Daytime Telephone: 414. 410. 4568 Fax:			
Email or Alternate Contact Information: mearman@ dublin.oh. vs			
IV. AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) authorized to represent the property owner and/or applicants.			
Name: (Individual or Organization) Hatt David Parkinson, CT Consultants			
Mailing Address: 7965 N. High Street, Suble 340 Cols, OH 43235			
Daytime Telephone: Fax:			
Email or Alternate Contact Information: Leaving Contact Informati			
V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): Complete if applicable.			
I,			
Signature of Corrent Property Owner: Date: 7/26/14			
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,			
Signature of Owner or Authorized Representative: Date:			
VII. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.			
I,			
Signature of Current Property Owner or Authorized Representative: Date:			
Jam Il al The/16			
Check this box if the Applicant's Affidavit and Acknowledge as a separate document.			
Subscribed and sworn to before me this 16th described and sworn to before me this			
State of Candace M/. Jones ** Candace M/. Jones ** (No Notice Public State of Ohio My Commission Expires 02/01/21			
County of <u>Franklin</u> My Commission Expires 02/01/21			

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Administrative Review Te	am June 2012
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/City of Dublin

Case	#	
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APPLICATION FOR **DEVELOPMENT**

			I. PROPERTY INFORMATION: and the proposed development. Attach	Provide information to identify properties additional sheets if necessary.	
PLEASE CHECK THE TYPE OF REVIEW West Innovation Districts		Property Address(es): 4353 Tuller Ridge Drive			
(Zoning Code Sections 153.037 - 153.043)		Tax ID/Parcel Number(s):	Parcel Size(s) in Acres:		
	Bridge Street Comdor Distr (Zoning Code Sections 153.05 Wireless Communication Fa	7- 153.066)	273-009095-11	8.84	
PLI	EASE CHECK THE APPLIC Basic Plan Review Development Plan Review	2 Minor Project	Existing Land Use/Development:	Zoning District:	
000	Waiver Review Open Space Fee in-Lieu City Council Appeal	☐ Master Sign Plan ☐ Parking Plan ☐ Administration	 Check this box if any Administrative Departures are requested and atta an Administrative Departure request form. 		
		Departure	 Check this box if any Waivers are development and attach a Waiver R 	requested as part of the application for equest form.	
	Wireless Applications ☐ New Tower ☐ Alternative Structure	☐ Co-Location ☐ Temporary	II. PROPERTY OWNER INFORM organization(s) who own the property p pages if there are multiple property own	roposed for development. Attach additional	
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.		Name (Individual or Organization): COLUMBUS INDUSTRIAL OWNER I LLC			
Che	ck any that apply: Conditional Use		Mailing Address: C/O DAVID SMITH		
0	Administrative Appeal	☐ Rezoning	4370 ALUM CREEK DRIVE, SUITE 200		
Project involving modifications to property within the Architectural Review District Other:		Columbus, OH 43			
			Daytime Telephone: (614) 662-8400	Fax: (614) 847 - 6006	
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		Email or Alternate Contact Information: dsmithahadhadhaacapital.com			
		FOR OFFICE USE ONLY:	DIRECTOR'S ACCEPTANCE		
		The state of the s	Date of Acceptance	Next Decision Due Date:	
			Final Date of Decision:	Determination:	
		Orrector's (or Designee's) Signature:			

	v.

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III. APPLICANT(S): Indicate person(s)	submitting the application if diff	erent than the property owner	(5).	
Name: (Individual or Organization) City of Dub				
Mailing Address: 5200 Emerald Parkw	yay, Dublin, 43016			
Daytime Telephone: 614-410-4420		Fax:		
Email or Alternate Contact Information: dr	mcdaniel@dublin.oh.us			
IV. AUTHORIZED REPRESENTATIV	E(S): Indicate the person(s) au	ithorized to represent the prop	erty owner and/or applicants.	
Name: (Individual or Organization) Dana L. M	cDanlel & Mandy K. Bishop			
Mailing Address: 5800 Shier Rings Ro	ad, Dublin, OH 43016			
Daytime Telephone: 614-410-4672		Fax:		
Email or Alternate Contact Information:	bishop@gpdgroup.com			
V. AUTHORIZATION FOR OWNER'S	APPLICANT(S)/REPRESE	NTATIVE(S): Complete if a	pplicable.	
I, Clumbul InDustriation to act as a representative(s) in all matte to be bound by all representations and agr	rs pertaining to the processing a	per, hereby authorize Dana L. nd approval of this application,	McDaniel/Mandy K. Bishop including modifying the application. I agree	
to be bound by all representations and agreements made of the designated representative. Signature of Current Property Owner: By Print Numberity: Weresa Jones, Authorized Representative				
Check this box if the original A	uthorization for Owner's Applican	(s)/Representative(s) is attach	ed as a separate document.	
VI. AUTHORIZATION TO VISIT THE The Owner/Applicant, as noted below, hereb application. This is optional, but recommend	PROPERTY: Site visits to the	property by City representative	as are accepted to proceed this application	
I, Columbus IND WITHAL to enter, photograph and/or post a notice of	O WA'CR I LLC the owne in the property described in this	r or authorized representat	ive, hereby authorize City representatives	
Signature of Owner or Authorized Represer	une/Title: Theres	a Jones Authoriz	Date: 6 /22/16	
VII. APPLICANT'S AFFIDAVIT: This	ection must be completed and n	otarized.	SEMINO IV	
I, Dana L. McDaniel contents of this application. The information respects true and correct, to the best of my	l contained in this application, at	ner or authorized represent tached exhibits and other infor	ative, have read and understand the mation submitted, is complete and in all	
Signature of Current Property Owner og Aut Mac III	ornized Representative.		Date: June 27, 2016	
State Canda Canda Commission of the Commission of the Commission of the Commission of the Canda Commission of the Commission of the Commission of the Commission of the Canda of the Can	ublic, State of Chio sion Expires 02/01/21	{Notary Public Seal}	ment. _, 20_ <i>10</i>	
Sor more information	on, please contact Land Use and Pag	Long Range Planning at (614) e 2 of 2	410-4600 www.dublin.oh.us	

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