



**CITY OF DUBLIN.**

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

# ARCHITECTURAL REVIEW BOARD APPLICATION

(Code Sections 153.170-153.187)

## I. PLEASE CHECK THE TYPE OF APPLICATION:

|  |  |
|--|--|
| <input type="checkbox"/> New Construction              | <input type="checkbox"/> Roof, Door or Window Replacements or Additions              |
| <input type="checkbox"/> Building Addition             | <input type="checkbox"/> Gutter and Downspout Replacements or Additions              |
| <input checked="" 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): 76-78-82 SOUTH HIGH STREET 43017 |   |
| Tax ID/Parcel Number(s):<br>273-000061<br>273-000105   | Parcel Size(s) (Acres):<br>0.2532<br>0.1264 |
| Existing Land Use/Development:                         |   |

### IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

|                                |
|--------------------------------|
| Proposed Land Use/Development: |
|--------------------------------|

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

|   |      |
|---|------|
| Name (Individual or Organization): CBS GARVEY LLC   |      |
| Mailing Address: (Street, City, State, Zip Code) 37 W.BRIDGE STREET, SUITE 105, DUBLIN, OHIO, 43017 |      |
| Daytime Telephone: 614-402-3902   | Fax: |
| Email or Alternate Contact Information: PCORATOLA@AOL.COM   |      |

# FILE COPY



**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: PETER L. CORATOLA SR.   | Applicant is also property owner: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> |
| Organization (Owner, Developer, Contractor, etc.): CBS GARVEY LLC                                   |   |
| Mailing Address: (Street, City, State, Zip Code) 37 W.BRIDGE STREET, SUITE 105, DUBLIN, OHIO, 43017 |   |
| Daytime Telephone: 614-402-3902   | Fax:  |
| Email or Alternate Contact Information: PCORATOLA@AOL.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: DAVID B. MELECA ARCHITECTS  |      |
| Organization (Owner, Developer, Contractor, etc.): DAVID B. MELECA ARCHITECTS               |      |
| Mailing Address: (Street, City, State, Zip Code) 144 E. STATE STREET, COLUMBUS, OHIO, 43215 |      |
| Daytime Telephone: 614-390-7070   | Fax: |
| Email or Alternate Contact Information: dmeleca@melecallc.com                               |      |

**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, PETER CORATOLA SR, the owner, hereby authorize DAVID B. MELECA ARCHITECTS 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: *Peter Coratola Sr* Date: 1-20-17

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 20th day of JAN, 20 17

State of OHIO

County of FRANKLIN

Notary Public *Dana Milligan*  
**DANA MILLIGAN**  
 PUBLIC, STATE OF OHIO  
 Commission Expires 2018

**VII. AUTHORIZATION TO VISIT THE PROPERTY:** Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as notarized below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

I, PETER CORATOLA SR, 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: *Peter Coratola* Date: 1-20-17

**FILE COPY**



**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.

I, PETER CORATOLA SR, 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: *Peter Coratola Sr* Date: 1-20-17

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

I, PETER CORATOLA SR, 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: *Peter Coratola Sr* Date: 1-20-17

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

State of OHIO

County of Franklin

Notary Public: *Dana Milligan*  
**DANA MILLIGAN**  
**NOTARY PUBLIC, STATE OF OHIO**  
 My Commission Expires 2/24/2017

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

| FOR OFFICE USE ONLY  |                                  |                               |                         |
|--|----------------------------------|-------------------------------|-------------------------|
| Amount Received: <u>N/A</u>  | Application No: <u>17-007ARB</u> | ARB Date(s):                  | ARB Action:             |
| Receipt No: <u>N/A</u>   | Map Zone: <u>D-1</u>             | Date Received: <u>1/23/17</u> | Received By: <u>MTK</u> |
| Type of Request: <u>ARB- Demolition</u>  |                                  |                               |                         |
| N, S, <u>(E)</u> W (Circle) Side of: <u>S. High St.</u>                        |                                  |                               |                         |
| N, <u>(S)</u> , E, W (Circle) Side of Nearest Intersection: <u>Eberly Hill</u> |                                  |                               |                         |
| Distance from Nearest Intersection: <u>35 feet</u>                             |                                  |                               |                         |
| Existing Zoning District: <u>BSD-HC</u>  |                                  |                               |                         |

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