



# 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
- Waiver Review
- Open Space Fee-in-Lieu
- City Council Appeal
- Minor Project
- Site Plan Review
- 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
- Administrative Appeal
- Project involving modifications to property within the Architectural Review District
- Other: \_\_\_\_\_
- Rezoning

### 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): <u>76-78-82 SOUTH HIGH STREET 43017</u>	
Tax ID/Parcel Number(s): <u>273-000061</u> <u>273-000105</u>	Parcel Size(s) in Acres: <u>0.2532</u> <u>0.1264</u>
Existing Land Use/Development:	Zoning District:

- 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): <u>CBS GARVEY LLC</u>	
Mailing Address: <u>37 W.BRIDGE STREET</u> <u>SUITE 105</u> <u>DUBLIN, OHIO 43017</u>	
Daytime Telephone: <u>614-402-3902</u>	Fax:
Email or Alternate Contact Information: <u>PCORATOLA@AOL.COM</u>	

### 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) <b>PETER L. CORATOLA SR.</b>	
Mailing Address: <b>37 W. BRIDGE STREET SUITE 105 DUBLIN, OHIO 43017</b>	
Daytime Telephone: <b>614-402-3902</b>	Fax:
Email or Alternate Contact Information: <b>PCORATOLA@AOL.COM</b>	

**IV. AUTHORIZED REPRESENTATIVE(S):** Indicate the person(s) authorized to represent the property owner and/or applicants.

Name: (Individual or Organization) <b>DAVID MELECA ARCHITECTS</b>	
Mailing Address: <b>144 EAST STATE STREET COLUMBUS, OHIO 43215</b>	
Daytime Telephone: <b>614-370-7070</b>	Fax:
Email or Alternate Contact Information: <b>dmeleca@melecallc.com</b>	

**V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S):** Complete if applicable.


I, PETER L. CORATOLA SR, the **owner**, hereby authorize DAVID MELECA ARCHITECTS 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: <u>1-19-2017</u>
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Check this box if the original Authorization for Owner's Applicant(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, PETER L. CORATOLA SR, 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: <u>1-19-2017</u>
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**VII. APPLICANT'S AFFIDAVIT:** This section must be completed and notarized.

I, PETER L. 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 Current Property Owner or Authorized Representative: 	Date: <u>1-19-2017</u>
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Check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document.

Subscribed and sworn to before me this 19<sup>th</sup> day of JAN, 2017

State of OHIO

County of FRANKLIN

(Notary Public Seal)

  
**DANA McLEAN**  
 NOTARY PUBLIC, STATE OF OHIO  
**RECEIVED**  
 JAN 23 2017  
 17-006ARB-SP  
 CITY OF DUBLIN  
 PLANNING

**FILE COPY**

# ARCHITECTURAL REVIEW BOARD APPLICATION

(Code Sections 153.170-153.187)



**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

## I. PLEASE CHECK THE TYPE OF APPLICATION:

<input checked="" type="checkbox"/> <b>New Construction</b>	<input type="checkbox"/> <b>Roof, Door or Window Replacements or Additions</b>
<input type="checkbox"/> <b>Building Addition</b>	<input type="checkbox"/> <b>Gutter and Downspout Replacements or Additions</b>
<input type="checkbox"/> <b>Demolition</b>	<input type="checkbox"/> <b>External Mechanical Equipment (AC units, vents, HVAC, etc.)</b>
<input type="checkbox"/> <b>Signage and Lighting</b>	<input type="checkbox"/> <b>Parking, Paving and other Hard Surfaces</b>
<input type="checkbox"/> <b>Re-painting</b>	<input type="checkbox"/> <b>Other (Please Specify) _____</b>
<input type="checkbox"/> <b>Landscaping (Non-Residential)</b>	
<input type="checkbox"/> <b>Re-siding</b>	

## II. PROPERTY INFORMATION: This section must be completed.

<b>Property Address(es):</b> 76-78-82 SOUTH HIGH STREET 43017	
<b>Tax ID/Parcel Number(s):</b> 273-000061 273-000105	<b>Parcel Size(s) (Acres):</b> 0.2532 0.1264
<b>Existing Land Use/Development:</b>	

### IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

<b>Proposed Land Use/Development:</b>
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## III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

<b>Name (Individual or Organization):</b> CBS GARVEY LLC	
<b>Mailing Address:</b> (Street, City, State, Zip Code) 37 W.BRIDGE STREET, SUITE 105, DUBLIN, OHIO, 43017	
<b>Daytime Telephone:</b> 614-402-3902	<b>Fax:</b>
<b>Email or Alternate Contact Information:</b> 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: 37 W.BRIDGE STREET, SUITE 105, DUBLIN, OHIO, 43017 (Street, City, State, Zip Code)	
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: 144 E. STATE STREET, COLUMBUS, OHIO, 43215 (Street, City, State, Zip Code)	
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* 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 JANUARY, 20 17

State of OHIO

County of FRANKLIN

Notary Public *Dana Milligan*  
**DANA MILLIGAN**  
 NOTARY PUBLIC, STATE OF OHIO  
 My Commission Expires 2/22/18

**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**

**RECEIVED**  
 Date: 1-20-17  
 JAN 23 2017  
 17-008ARB-SP  
 CITY OF DUBLIN  
 PLANNING

**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 <u>PETER CORATOLA SR</u> , 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: <u><i>Peter Coratola</i></u>	Date: <u>1-20-17</u>

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

I <u>PETER CORATOLA SR</u> , 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: <u><i>Peter Coratola</i></u>	Date: <u>1-20-17</u>

Subscribed and sworn to before me this 20<sup>th</sup> day of January, 20 17  
 State of Ohio  
 County of Franklin Notary Public *Dana Milligan*

**DANA MILLIGAN**  
 NOTARY PUBLIC, STATE OF OHIO  
 My Commission Expires: 12/31/18

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>17-008ARB-SP</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 - New Construction</u>			
N, S, E, W (Circle) Side of: <u>S. High St.</u>			
N, S, 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>			

**FILE COPY**

