

			-	112.0
Case #	17	_	017	MPR

APPLICATION FOR **DEVELOPMENT**

I. PROPERTY INFORMATION: Provide information to identify properties

	and the proposed development. Attac	en additional sileets if flecessary.		
PLEASE CHECK THE TYPE OF REVIEW 71 West Innovation Districts	Property Address(es): 6558 River	Property Address(es): 6558 Riverside Drive, Dublin, OH 43017		
(Zoning Code Sections 153.037 - 153.043)	Tax ID/Parcel Number(s):	Parcel Size(s) in Acres:		
Pridge Street Corridor Districts (Zoning Code Sections 153.057- 153.066)	Parcel ID - 12668	1.299 acres		
✓ Wireless Communication Facility (Chapter	99) Tax District - 273			
□ Basic Plan Review □ Minor Pn □ Development Plan Review □ Site Plan	pject	Zoning District:		
☐ Waiver Review ☐ Master S☐ Open Space Fee-in-Lieu ☐ Parking F	Administrative Description	tive Departures are requested and attach est form.		
☐ City Council Appeal ☐ Administ Departur	Tative Check this box if any Waivers are	e requested as part of the application for Request form.		
Wireless Applications ☐ New Tower ☐ Alternative Structure ☐ Temporal		MATION: Indicate the person(s) or proposed for development. Attach additional wners.		
The following applications require review and				
sion by the Planning and Zoning Commiss Board of Zoning Appeals, or Architectura view Board, but may be submitted concurre another application.	Bridge Park B Block, LLC			
Check any that apply:	Mailing Address:			
☐ Conditional Use ☐ Rezoning	6640 Riverside Drive			
Administrative Appeal	Suite 500			
Project involving modifications to proper the Architectural Review District	Dublin, OH 43017			
Other:	Daytime Telephone: 614-335-2020	Fax: 614-850-9191		
HUBMISSION REQUIREMENTS	Email or Alternate Contact Information			
Fee (refer to the approved fees list) Electronic Copies of all application mail (PDF, JPEG, Word, etc. as appropriate)	NYoder@crawfordhoying.com			
Submission Requirements for each ty		Dining to the second se		
application (refer to checklists)	FOR OFFICE USE ONLY	: DIRECTOR'S ACCEPTANCE		

FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

Next Decision Due Date: Date of Acceptance: Final Date of Decision: Determination:

Director's (or Designee's) Signature:

For questions or more information, please contact Land Use and Long Range Planning at (614) 410-4600 | www.dublin.oh.us





Legal Description and/or Property Survey

for the subject property

III. APPLICANT(S): Indicate person(s) submitting the application if di	fferent than the property owner(s).	
Name: (Individual or Organization) Nelson Yoder, Crawford Hoying		
Mailing Address: 6640 Riversdie Drive, Suite 500, Dublin, OH 4	3017	
Daytime Telephone: 614-335-2020	Fax: 614-850-9191	
Email or Alternate Contact Information: NYoder@crawfordhoying.co	om	
IV. AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) a	authorized to represent the property owner and/or	applicants.
Name: (Individual or Organization) Dustin Todd, Architectural Alliance		
Mailing Address: 165 N. 5th Street, Columbus, OH 43215		
Daytime Telephone: 614-469-7500	Fax: 614-469-0500	
Email or Alternate Contact Information: dtodd@archall.com		
V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRES	ENTATIVE(S): Complete if applicable.	
I, Your Your the own to act as a representative(s) in all matters pertaining to the processing to be bound by all representations and agreements made by the designate		CCH . ALUANCE ng the application. I agree
Signature of Cyrrent Property Owner	Date:	20 /2017
☐ Cheek this box if the original Authorization for Owner's Applica I. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the Owner/Applicant, as noted below, hereby authorizes City representative application. This is optional, but recommended.	ne property by City representatives are essential to	process this application.
I, NESSON YOU'S, the own to enter, photograph and/or post a notice on the property described in this	er or authorized representative, hereby author application.	ize City representatives
Signature of Owner or patylorized Representative: II. APPLICANT'S AFFIDAVII. This section must be completed and	1	128/2017
0/10/1	ner or authorized representative, have read a	nd understand the is complete and in all
Signature of Current Property Owner or Authorized Representative:	•	8/2017
Check this box if the Applicant's Affidavit and Acknowledgemer Subscribed and sworn to before me this	nt is attached as a separate document.	
State of Chio	Dawn R. Russell	
County of Frankli	Notary Public, State of Ohio My Commission Emites 08-25-2018	Personal Section Secti
For questions or more information, please contact Land Use an		dublin.ch us
Pa	ge 2 of 2	17-017MPF

FILE COPY

17-017MPR MAR 0 1 2017