

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
- Basic Development Plan Review
- Basic Site Plan Review
- Community Plan Amendment
- Concept Plan
- Conditional Use
- Development Plan Review - Bridge Street District
- Development Plan Review - West Innovation District
- Final Development Plan
- Final Plat
- Informal Review
- 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
- Demolition Request to ARB

II. PROPERTY INFORMATION: Provide information about the property including existing and proposed development.

Property Address(es): 75 N High Street	
Tax ID/Parcel Number(s) (List All): 273-000010	Parcel Size(s) in Acres (List Each Separately): 1.15 Acres
Existing Land Use/Development: Library	Existing Zoning District: BSD Public
Proposed Land Use/Development: Library	Proposed Zoning District: BSD Historic Transitional Neighborhood

III. CURRENT PROPERTY OWNER(S): Indicate the person(s) or organization(s) who own the property proposed for development.

Name (Individual or Organization): Columbus Metropolitan Library Board of Trustees
Mailing Address (Street, City, State, ZIP): 96 S. Grant Street Columbus, OH 43215
Email/Phone Number: wtressler@columbuslibrary.org 614-849-1187



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):	NBBJ
Mailing Address (Street, City, State, ZIP):	250 South High Street, Ste 300, Columbus OH 43215
Phone Number:	614-232-3081
Email:	tperry@nbbj.com

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

Not Applicable

I <u>PAULA A. MILLER</u> , the property owner , hereby authorize <u>NBBJ</u>	
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: <u>May 30, 2017</u>

Subscribed and sworn before me this <u>30th</u> day of <u>May</u> , 20 <u>17</u>	
State of <u>Ohio</u>	
County of <u>Franklin</u> Notary Public <u>Leon E. Moses</u>	

VI. 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 representative to enter, photograph, and post a notice on the property described in this application. This is optional, but strongly recommended.

I <u>PAULA A. MILLER</u> , 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: <u>MAY 30, 2017</u>

For questions or more information, please contact Planning at 614.410.4600 | www.dublinohioUSA.gov



EVERYTHING GROWS HERE.

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

Original Document Attached

I PAULA A. MIDLER, 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: May 30, 2017

Subscribed and sworn before me this 30th day of May, 2017
 State of Ohio
 County of Franklin Notary Public Leon E. Moses



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):	

For questions or more information, please contact Planning at 614.410.4600 | www.dublinohioUSA.gov