

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
- Demolition
- Final Development Plan
- Final Plat
- Informal Review
- Master Sign Plan
- 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

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

Property Address(es): 94 North High Street, Dublin, Ohio 43017	
Tax ID/Parcel Number(s) (List All): 273-012724	Parcel Size(s) in Acres (List Each Separately):
Existing Land Use/Development: Commercial / Bridge Park West	Existing Zoning District: BSD-HTN
Proposed Land Use/Development: No change	Proposed Zoning District: No change

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

Name (Individual or Organization): Bridge Park West A, LLC
Mailing Address (Street, City, State, ZIP): 6640 Riverside Drive Dublin, Ohio 43017
Email/Phone Number: 614-335-2020



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):	Cameron Mitchell Restaurants LLC
Mailing Address (Street, City, State, ZIP):	390 West Nationwide Boulevard, Columbus, Ohio 43215
Phone Number:	614-280-8011
Email:	kseibert@cameronmitchell.com

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):	Carter Bean / Bean Architects
Mailing Address (Street, City, State, ZIP):	4400 North High Street, Suite 401, Columbus, Ohio 43214
Phone Number:	614-262-2326
Email:	carter@beanarchitects.com


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

Not Applicable

I Nelson Yoder, the **property owner**, hereby authorize Bean Architects 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:	6/26/2017
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Subscribed and sworn before me this 26 day of June, 20 17
 State of Ohio
 County of Franklin Notary Public 



Dawn R. Russell
 Notary Public, State of Ohio
 My Commission Expires 08-25-2018

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

I Nelson Yoder, 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:	6/26/2017
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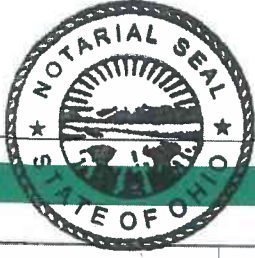
VI. APPLICANT'S AFFIDAVIT OF ACKNOWLEDGMENT: This section must be completed with an **original signature** and **notarized**.

Original Document Attached

I Carter Bean, 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: 6-27-17

Subscribed and sworn before me this 27th day of June, 2017
 State of Ohio County of Franklin Notary Public Tonya Swift



TONYA SWIFT
 Notary Public, State of Ohio
 My Commission Expires
 August 29, 2021

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):	

