



Case # \_\_\_\_\_ - \_\_\_\_\_

**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

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

Property Address(es): <b>55 S. High St.</b>	
Tax ID/Parcel Number(s) (List All):	Parcel Size(s) in Acres (List Each Separately):
Existing Land Use/Development: <b>Commercial</b>	Existing Zoning District: <b>BSD-HC</b>
Proposed Land Use/Development: <b>Commercial</b>	Proposed Zoning District: <b>BSD-HC</b>

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

Name (Individual or Organization): <b>RENATE ALLESPACH</b>
Mailing Address (Street, City, State, ZIP): <b>218 HOPEWELL CT. POWELL, OH 43065</b>
Email/Phone Number: <b>614-440-1053</b>

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

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**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):

\*

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): RENATE ALLESPACH

Mailing Address (Street, City, State, ZIP): 218 HOPEWELL CT., POWELL, OH 43065

Phone Number: 614-440-1053

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): TANA DIGERONIMO

Mailing Address (Street, City, State, ZIP): 55 S. HIGH ST, SUITE 105, DUBLIN OH 43017

Phone Number: 614-799-9905

Email: BELLAMODAHAIR@GMAIL.COM

\*

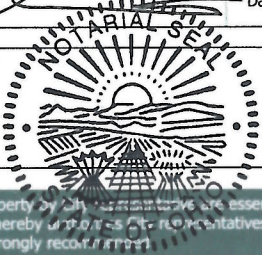
VI. PROPERTY OWNER'S AUTHORIZATION OF APPLICANT(S)/ AUTHORIZED REPRESENTATIVE: The Property Owner listed in Section II must authorize the Applicant listed in Section III and/or the Authorized Representative listed in Section IV to act on the Owner's behalf with respect to this application.

Not Applicable

I RENATE ALLESPACH, the property owner, hereby authorize TANA J. DIGERONIMO 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): [Signature] Date: 7-14-17

Subscribed and sworn before me this 14 day of JULY, 2017  
 State of OHIO  
 County of Franklin Notary Public [Signature]



THOMAS M. McCASH  
Attorney At Law  
NOTARY PUBLIC  
STATE OF OHIO  
My Commission Has

\*

VI. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process applications. 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. No Expiration Date Section 147.03 O.R.C.

I Tana DiGerono, 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: [Signature] Date: 7/17/17

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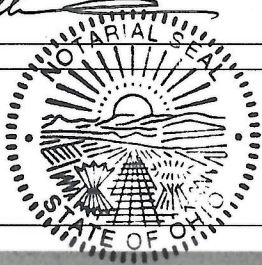
**VI. APPLICANT'S AFFIDAVIT OF ACKNOWLEDGMENT:** This section must be completed with an **original signature** and **notarized**.

Original Document Attached

I RENATE AUBSTACH, 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: *Renate Aubstach* Date: 7.14.17

Subscribed and sworn before me this 14 day of JULY, 2017  
 State of OHIO  
 County of FRANKLIN Notary Public: *[Signature]*



**THOMAS M. MCCASH**  
 Attorney At Law  
 NOTARY PUBLIC  
 STATE OF OHIO  
 My Commission Has  
 No Expiration Date  
 Section 147.03 O.R.C.

**FOR OFFICE USE ONLY:**

Case Title: <u>BSD-4C - 55 S. High St</u>	Date Received:
Case Number: <u>17-077MPR</u>	<u>7-18-17</u>
Amount Received: <u>0</u>	Next Decision Due Date (If Applicable):
Receipt Number: <u>0</u>	
Reviewing Body (Circle One):     ART    ARB    BZA    CC    PZC	Final Date of Determination:
Map Zone: <u>3</u>	
Determination or Action:	Related Cases:
Ordinance Number (If Applicable):	

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