



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
- 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): 5927 Rings Road, Dublin, OH 43016	
Tax ID/Parcel Number(s) (List All): 273-005383-00	Parcel Size(s) in Acres (List Each Separately): 4.71
Existing Land Use/Development: Single Family Home	Existing Zoning District: Washington Township R1-B (1988)
Proposed Land Use/Development: Home Addition	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): Nelson & Elizabeth Yoder
Mailing Address (Street, City, State, ZIP): 5927 Rings Road Dublin, OH 43016
Email/Phone Number: nyoder@crawfordhoying.com

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



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):	Gary Bruck, Sullivan Bruck Architects
Mailing Address (Street, City, State, ZIP):	8 South Grant Ave, Columbus, OH 43215
Phone Number:	614-464-9800
Email:	garyb@sbarch.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).

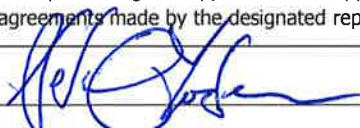
Not Applicable

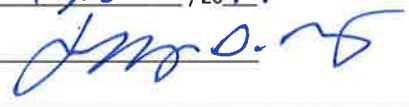
Name (Individual or Organization):	
Mailing Address (Street, City, State, ZIP):	
Phone Number:	
Email:	

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 Sullivan Bruck 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: 8/21/2017
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Subscribed and sworn before me this 21st day of August, 2017
 State of Ohio
 County of Franklin Notary Public 



VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representative are required 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: 8/21/2017
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For questions or more information, please contact Planning at 614.410.4600 | www.dublinohioUSA.gov

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

Original Document Attached

I Nelson Yoder, 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: 8/21/2017

Subscribed and sworn before me this 21st day of August, 2017
 State of Ohio
 County of Franklin Notary Public J.D.R.



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):	



