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Planning | 2017

Case # 17 - 117MPR

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): 6765 Dublin Center Dr.	
Tax ID/Parcel Number(s) (List All): 273 009 054 00	Parcel Size(s) in Acres (List Each Separately): 13.6896
Existing Land Use/Development: 426	Existing Zoning District: C
Proposed Land Use/Development: N/A	Proposed Zoning District: N/A

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

Name (Individual or Organization): DVC 6561-6815 Associates LLC
Mailing Address (Street, City, State, ZIP): 6689 Dublin Center Dr. Dublin, OH 43017
Email/Phone Number: matt@stavroff.com 614-764-9981

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



EVERYTHING GROWS HERE.

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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):	DaNite Sign Co. (Sean Clark) and Col. Metro. Library	
Mailing Address (Street, City, State, ZIP):	1640 Harmon Ave. Columbus, OH 43223	
Phone Number:	614-444-3333 x226	614-849-1087
Email:	Sclark@danitesign.com wtressler@columbuslibrary.org	

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):	Sean Clark and Paula Miller/Wendy Tressler Jasper	
Mailing Address (Street, City, State, ZIP):	same as above PLUS 96 S Grant Ave Columbus, OH 43215	
Phone Number:	same as above	
Email:	same as above	


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 MATT STAVROFF, the property owner, hereby authorize Sean Clark and Wendy Tressler Jasper 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: 11-8-17

Subscribed and sworn before me this 8th day of November, 2017
State of Ohio
County of Franklin Notary Public [Signature]



CRISTINA E. DIONNE
NOTARY PUBLIC
FOR THE
STATE OF OHIO
My Commission Expires
November 26, 2021

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 MATT STAVROFF, 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: 11-8-17



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

☐ Original Document Attached

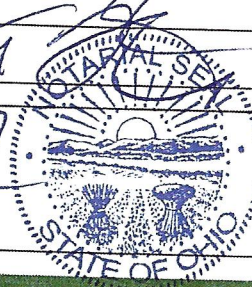
I MATE STAVROPO, the **property owner** or **authorized representative**, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct to best of my knowledge and belief.

Original Signature of Property Owner or Authorized Representative: [Signature]

Date: 11-8-17

Subscribed and sworn before me this 8th day of November, 2017
State of Ohio
County of Franklin

Notary Public [Signature]



CRISTINA E. DIONNE
NOTARY PUBLIC
FOR THE
STATE OF OHIO
My Commission Expires
November 26, 2021

FOR OFFICE USE ONLY:

Case Title: <u>BSD-SCN - COLUMBUS METROPOLITAN LIBRARY DUBLIN BRANCH-SIGN</u>	Date Received: <u>11/14/17</u>
Case Number: <u>17-117MPR</u>	Next Decision Due Date (If Applicable):
Amount Received: <u>\$100.00</u>	Final Date of Determination:
Receipt Number:	Related Cases:
Reviewing Body (Circle One): <u>ART</u> ARB BZA CC PZC	
Map Zone: <u>C-1</u>	
Determination or Action:	
Ordinance Number (If Applicable):	



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