

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.

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

I. REVIEW REQUESTED:
☐ Administrative Appeal
□ Administrative Departure
☐ Amended Final Development Plan
□ Amended Final Development Plan - Sign
☐ Architectural Review Board
☐ Basic Development Plan Review
★ Basic Site Plan Review
☐ Building Code Appeal
□ Community Plan Amendment
□ Concept Plan
□ Conditional Use
💢 Development Plan Review - Bridge Street District
$\hfill\Box$ 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
X 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

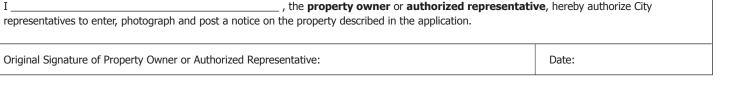
II. PROPERTY INFORMATION: Provide information about the property including existing and proposed development.

Property Address(es): 113 S. HIGH STREET DUBLIN, OHIO 43017	
Tax ID/Parcel Number(s) (List All):	Parcel Size(s) in Acres (List Each Separately):
273-000034-00	O.253 ACRES
Existing Land Use/Development: COMMERCIAL, OFFICE	Existing Zoning District: BSD, HISTORIC COTTAGE COMMERCIAL
Proposed Land Use/Development: COMMERCIAL, OFFICE	Proposed Zoning District: BSD, HISTORIC COTTAGE COMMERCIAL

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

Name (Individual or Organization): U CREW HOLDINGS
Mailing Address (Street, City, State, ZIP):
113 S. HIGH STREET
DUBLIN, OHIO 43017
·
Email/Phone Number:
MARK.FARNHAM@LPL.COM/614-389-3672
KELLY.D.BURKE@LPL.COM/614-389-3564

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IV. APPLICANT(S): Complete this section if the person/organization representing the applicant/ property ow	ner is different from the applicant.			
M Not Applicable				
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/ propapplicant (such as the project manager or property owner's legal council).	perty owner is different from the			
□ Not Applicable				
Name (Individual or Organization): DAN MORGAN (BEHAL SAMPSON DIETZ)				
Mailing Address (Street, City, State, ZIP): 990 W.3RD AVENUE, COLUMBUS, OH 432	12			
Phone Number: 614-464-1933				
Email: DMORGAN@BSDARCHITECTS.COM				
VI DEODERTY OWNER/S AUTHORIZATION OF ADDITIONALS AUTHORIZED DEDESENT	CATTVE: The Drenewt (Ourse)			
VI. PROPERTY OWNER'S AUTHORIZATION OF APPLICANT(S)/ AUTHORIZED REPRESENT listed in Section III must authorize the Applicant listed in Section IV and/or the Authorized Representative listed in Owner's behalf with respect to this application.	n Section V to act on the			
IX Not Applicable				
I, the property owner , hereby authorize				
To act as my representative(s) in all matters pertaining to the processing and approval of this application, incluapplication. I agree to be bound by all representations and agreements made by the designated representative (I				
Original Signature of Property Owner (listed in Section II):	Date:			
Subscribed and sworn before me this day of , 20 State of	Stamp or Seal			
County of Notary Public				
VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representative ar	e essential to process the			
application. The Property Owner/ Applicant/ Authorized Representative (listed in Section II), hereby authorizes Ciphotograph, and post a notice on the property described in this application. This is optional, but strongly recomm	ity representatives to enter,			





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

□ Original Document Attached		
I, 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:	
Subscribed and sworn before me this day of , 20 State of County of Notary Public	Stamp or Seal	
FOR OFFICE USE ONLY:		
Case Title:	Date Received:	
Case Number:		
Amount Received:	Next Decision Due Date (If Applicable):	
Receipt Number:	(Il Applicable).	
Reviewing Body (Circle One): ART ARB BZA CC PZC	Final Date of Determination:	
Map Zone:		
Determination or Action:	Related Cases:	
Ordinance Number (If Applicable):		

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