

I. REVIEW REQUESTED:

□ Administrative Appeal

□ Administrative Departure





## PLANNING APPLICATION

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

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.

Property Address(es):

□ Amended Final Development Plan	58 S. HIGH ST.	
<ul><li>□ Amended Final Development Plan - Sign</li><li>□ Architectural Review Board</li></ul>	Tax ID/Parcel Number(s) Parcel Size(s) in Acres	
☐ Basic Development Plan Review	(List All): 273 - 000259	(List Each Separately):
☐ Basic Site Plan Review		
☐ Building Code Appeal	273-000014	?
□ Community Plan Amendment		
□ Concept Plan	Existing Land Use/Development:	Existing Zoning District:
□ Conditional Use	OFFIC	COM
□ Development Plan Review - Bridge Street District		
□ Development Plan Review - West Innovation District	Proposed Land Use/Development:	Proposed Zoning District:
□ Demolition	Proposed Land Ose/Development.	Proposed Zoning District.
☐ Final Development Plan	HA	TA
□ Final Plat		
□ Informal Review		
☐ Master Sign Plan	III. CURRENT PROPERTY O	WNER(S): Indicate the
Minor Modification	person(s) or organization(s) who over development.	vn the property proposed for
Minor Project Review		
☐ Minor Subdivision		
□ Non-Use (Area) Variance	Name (Individual or Organization):	
☐ Preliminary Development Plan/PUD Rezoning	66 SOUTH HIGH LLC	
<ul><li>□ Preliminary Plat</li><li>□ Site Plan Review - Bridge Street District</li></ul>	Mailing Addrage (Chapt City Ctate 777)	
☐ Site Plan Review - West Innovation District	Mailing Address (Street, City, State, ZIP):	
□ Special Permit	300 HEHRYS RIDGE RD PITS BORD MC 27312	
□ Standard District Rezoning		
□ Use Variance	(1)	
□ Waiver Review		
☐ Wireless Communications Facility	5 - 1/5	
☐ Zoning Code Amendment	Email/Phone Number:	
	614.324-6717	
	0.1001	

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

CITY OF DUBLIN



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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): Notest GAS				
Mailing Address (Street, City, State, ZIP): 58 S MIGH ST DUBLIC 430	517			
Phone Number: 614 - 388 - 1474				
Email: SAIFC MIDWESTGAS.US				
V. REPRESENTATIVE(S): Complete this section if the person/ organization representing the applicant/ property capplicant (such as the project manager or property owner's legal council).	owner is different from the			
□ Not Applicable				
Name (Individual or Organization): STEVE MOORE (MOORE SIGHS				
Name (Individual or Organization): STEVE MOORE   MOORE SIZES  Mailing Address (Street, City, State, ZIP): 6060 WESTERVILLE RP. WSTRULL CI	4 43081			
Phone Number: 4 A. 1 A. 2 C. C. C.				
Email: STEVE C MOONE SIGNS. BIZ				
VI. PROPERTY OWNER'S AUTHORIZATION OF APPLICANT(S)/ AUTHORIZED REPRESENTATIV listed in Section III must authorize the Applicant listed in Section IV and/or the Authorized Representative listed in Section Owner's behalf with respect to this application.	<b>/E:</b> The Property Owner from V to act on the			
□ Not Applicable				
I				
Original Signature of Property Owner (listed in Section II):   Date of Property Owner (listed in Section III):   Date of Property Owner (listed in Section IIII):   Date of Property Owner (listed in Section III):   Date of Property Owner (listed in Section IIII):   Date of Property Owner (listed in Section IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	te: 2/27/18			
County or Notary Public // William Notary Publ	Nargo Elambor Seal ry Public, State of Ohio nission Expires 01/29/2022			
VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by the representative are esse application. The Property Owner/ Applicant/ Authorized Representative (listed in Section 17), here's authorizes City rep photograph, and post a notice on the property described in this application. This is optional, but strongly recommended	resentatives to enter,			
I				
Original Signature of Property Owner or Authorized Representative:	te: Z/27/18			
	7			

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

	<b>Original</b>	<b>Document</b>	<b>Attached</b>
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I STEVE MOORE , the property owner of author	rized representative, have read and understand
the contents of this application. The information contained in this application, attached exhib	oits 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: 3-6-18
1 (201)	
Subscribed and sworn before me this day of	CHERYL A KEHLMIER Notary Public, State of Ohic My Comm. Expires Oct. 12, 20 Recorded in Delaware Coun
FOR OFFICE HOL ONLY	The second second
FOR OFFICE USE ONLY:	Thomas and the
Case Title:	Date Received:
Case Number:	
Amount Received:	Next Decision Due Date
Receipt Number:	(If 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):	



