



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
- 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
- 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): <i>104 North High Street</i>	
Tax ID/Parcel Number(s) (List All): <i>223-000108</i>	Parcel Size(s) in Acres (List Each Separately): <i>0.082 Acres</i>
Existing Land Use/Development: <i>Mixed-Use</i>	Existing Zoning District: <i>BSC Transition Historic Neighborhood</i>
Proposed Land Use/Development: <i>No change</i>	Proposed Zoning District: <i>No change</i>

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

Name (Individual or Organization): <i>Dublin West A LLC</i>
Mailing Address (Street, City, State, ZIP): <i>6640 Riverside Drive, Ste 500 Dublin, OH 43017</i>
Email/Phone Number: <i>614-335-2020</i>

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



EVERYTHING GROWS HERE.

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):	Tom Linzell, M+A Architects
Mailing Address (Street, City, State, ZIP):	775 Yale Street, Suite 325, Columbus, OH 43212
Phone Number:	614-389-0796
Email:	tom1@ma-architects.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).

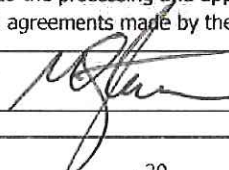
Not Applicable

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 Matthew Starr, the **property owner**, hereby authorize Tom Linzell 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: <u>4-13-18</u>
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Subscribed and sworn before me this _____ day of _____, 20____
 State of _____
 County of _____ Notary Public _____

VII. 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 THOMAS J. LINZELL, 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: <u>04/20/2018</u>
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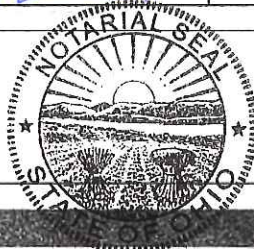
VIII. APPLICANT'S AFFIDAVIT OF ACKNOWLEDGMENT: This section must be completed with an **original signature** and **notarized**.

Original Document Attached

I THOMAS J. LINZELL, 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: 04/20/2018

Subscribed and sworn before me this 20 day of April, 2018
 State of Ohio
 County of Franklin Notary Public Rachel Livengood



Rachel Livengood
 Notary Public, State of Ohio
 My Commission Expires 09-27-21

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):	

