



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): 63 S. Riverview Street, Dublin, Ohio 43017	
Tax ID/Parcel Number(s) (List All): 273-000039-00	Parcel Size(s) in Acres (List Each Separately): 0.25 acres
Existing Land Use/Development: Single-Family Residential	Existing Zoning District: BSD-Historic Residential
Proposed Land Use/Development: Single-Family Residential	Proposed Zoning District: BSD-Historic Residential

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

Name (Individual or Organization): Trevor and Kate Vessels
Mailing Address (Street, City, State, ZIP): 63. S. Riverview Street, Dublin, Ohio 43017
Email/Phone Number: 614.946.4099      trevorvessels@gmail.com 419.450.2784

For questions or more information, please contact Planning at 614.410.4600 | [www.dublinohioUSA.gov](http://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):	Trevor + Kate Vessels
Mailing Address (Street, City, State, ZIP):	63 S. Riverview Street, Dublin, Ohio 43017
Phone Number:	614.946.4099 and 419.450.2784
Email:	trevorvessels@gmail.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).

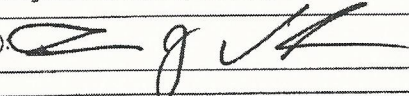
Not Applicable

Name (Individual or Organization):	Heidi Bolyard
Mailing Address (Street, City, State, ZIP):	6065 Frantz Road, Suite 205, Dublin, Ohio 43017
Phone Number:	614.774.2490
Email:	heidi@simplifiedarchitecture.com

**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

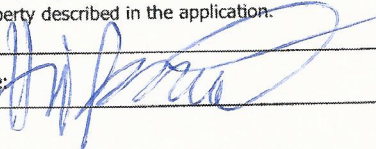
I Trevor Vessels, the **property owner**, hereby authorize Heidi Bolyard  
 To act as my **representative(s)** in all matters pertaining to the processing and approval of this application, including modification to the application. I agree to be bound by all representations and agreements made by the designated representative (listed in Sections III and/or IV).

Original Signature of Property Owner (listed in Section II):		Date:	10/23/18
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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 Heidi Bolyard, 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:	10/29/18
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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 Heidi Bolyard, 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: 10/29/18

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:	Next Decision Due Date (If Applicable):
Amount Received:	
Receipt Number:	Final Date of Determination:
Reviewing Body (Circle One): <b>ART</b> <b>ARB</b> <b>BZA</b> <b>CC</b> <b>PZC</b>	
Map Zone:	Related Cases:
Determination or Action:	
Ordinance Number (If Applicable):	

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