



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): <b>86 N High Street, Dublin, OH 43017</b>	
Tax ID/Parcel Number(s) (List All): <b>Z2 (Dublin West D, LLC) 273-012984-00</b>	Parcel Size(s) in Acres (List Each Separately):
Existing Land Use/Development: <b>Commercial / Bridge Park West</b>	Existing Zoning District: <b>BSD-HTN</b>
Proposed Land Use/Development: <b>No Change</b>	Proposed Zoning District: <b>No Change</b>

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

Name (Individual or Organization): <b>Bridge Park West D, LLC</b>
Mailing Address (Street, City, State, ZIP): <b>6640 Riverside Drive, Suite 500 Dublin, OH 43017</b>
Email/Phone Number: <b>mstarr@crawfordhoying.com 614-335-2020</b>

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):	Cameron Mitchell Restaurants LLC
Mailing Address (Street, City, State, ZIP):	390 West Nationwide Boulevard, Columbus, Ohio 43215
Phone Number:	614-280-8011
Email:	kseibert@cameronmitchell.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).

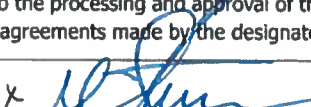
**Not Applicable**


Name (Individual or Organization):	Carter Bean / Bean Architects
Mailing Address (Street, City, State, ZIP):	4400 North High Street, Suite 401, Columbus, Ohio 43214
Phone Number:	614-262-2326
Email:	carter@beanarchitects.com

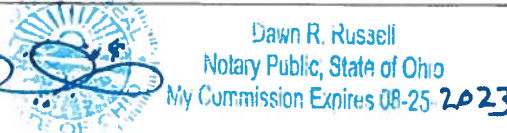
**VI. PROPERTY OWNER'S AUTHORIZATION OF APPLICANT(S)/ AUTHORIZED REPRESENTATIVE:** The Property Owner listed in Section III must authorize the Applicant listed in Section IV and/or the Authorized Representative listed in Section V to act on the Owner's behalf with respect to this application.

**Not Applicable**

X I Matthew Starr, the **property owner**, hereby authorize Carter Bean  
 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):	X 	Date:	X 1/24/19
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Subscribed and sworn before me this 24 day of January, 2019  
 State of Ohio  
 County of Franklin Notary Public 



Dawn R. Russell  
 Notary Public, State of Ohio  
 My Commission Expires 08-25-2023

**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 Carter Bean, 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:	1-25-19
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EVERYTHING GROWS HERE.

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

**Original Document Attached**

I Carter Bean, 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: 1-25-19

Subscribed and sworn before me this 25<sup>th</sup> day of January, 2019  
 State of OHIO  
 County of Franklin Notary Public Christina M Collins



**CHRISTINA M. COLLINS**  
 Notary Public, State of Ohio  
 My Commission Expires  
 October 13, 2021

**FOR OFFICE USE ONLY:**

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

