



FILE COPY

Planning | 2017

Case # 19 - 016 MPR

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): <u>3900 STONERIDGE LN DUBLIN, OHIO 43017-2288</u>	
Tax ID/Parcel Number(s) (List All): <u>273-009146</u>	Parcel Size(s) in Acres (List Each Separately): <u>3.513 AC.</u>
Existing Land Use/Development: <u>MEDICAL OFFICES</u>	Existing Zoning District: <u>BSD-O</u>
Proposed Land Use/Development: <u>SAME</u>	Proposed Zoning District: <u>SAME</u>

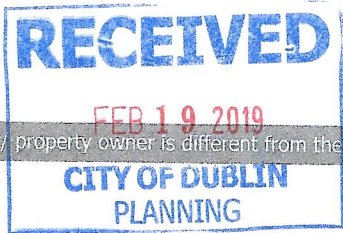
III. CURRENT PROPERTY OWNER(S): Indicate the person(s) or organization(s) who own the property proposed for development.

Name (Individual or Organization): <u>OSU INTERNAL MEDICINE, LLC.</u>
Mailing Address (Street, City, State, ZIP): <u>3900 STONERIDGE LN DUBLIN, OHIO 43017</u>
Email/Phone Number: <u>614-293-8000</u>

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): MIKE HOY, COLUMBUS SIGN COMPANY

Mailing Address (Street, City, State, ZIP): 1515 E. 5TH AVE. COLUMBUS, OH 43219

Phone Number: 614-252-3133 x 304

Email: mhoey@columbusign.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, Jacqueline D. Jones the **property owner**, hereby authorize MICHAEL S. HOY 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): [Signature] Date: 2/13/19

Subscribed and sworn before me this 13TH day of FEBRUARY, 2019
 State of OHIO
 County of FRANKLIN Notary Public [Signature]


Sheryl L. Brady
 Notary Public, State of Ohio
 My Commission Expires 11-02-2019

VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property and photographs are essential to process the application. The Property Owner/ Applicant/ Authorized Representative (listed in Section I, II, III, IV, V, VI, VII, VIII, IX, X, XI, XII, XIII, XIV, XV, XVI, XVII, XVIII, XIX, XX, XXI, XXII, XXIII, XXIV, XXV, XXVI, XXVII, XXVIII, XXIX, XXX) authorizes City representatives to enter, photograph, and post a notice on the property described in this application. This is optional, but strongly recommended.

I, Jacqueline D. Jones, 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: [Signature] Date: 2/13/19

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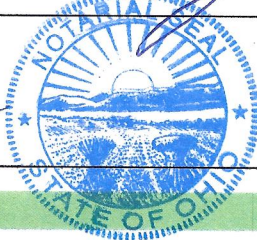
VIII. APPLICANT'S AFFIDAVIT OF ACKNOWLEDGMENT: This section must be completed with an **original signature** and **notarized**.

Original Document Attached

I MICHAEL S. HOY, 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: *Michael S. Hoy* Date: 2/19/19

Subscribed and sworn before me this 19th day of February, 2019
 State of OHIO
 County of Franklin Notary Public Carole A. Saylor



CAROLA SAYLOR
 Notary Public, State of Ohio
 My Commission Expires 04-17-2021

FOR OFFICE USE ONLY:

Case Title: <u>BSD-0 - OSU OUTPATIENT CARE - SIGN</u>	Date Received: <u>2/19/19</u>
Case Number: <u>19-016MPR</u>	Next Decision Due Date (If Applicable):
Amount Received: <u>\$100.00</u>	Final Date of Determination:
Receipt Number:	Related Cases:
Reviewing Body (Circle One): <u>ART</u> ARB BZA CC PZC	
Map Zone: <u>C-1</u>	
Determination or Action:	
Ordinance Number (If Applicable):	



FILE 067

