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Planning | 2017

Case # 19 - 035INF

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 **INFORMAL REVIEW**
- 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): 40 AND 17 N BLACKSMITH LN 27, 37, 45, AND 53 N RIVERVIEW ST	
Tax ID/Parcel Number(s) (List All): 273000068 / .31 ACRES 273000032 / .21 ACRES 273000073 / .12 ACRES	Parcel Size(s) in Acres (List Each Separately): 273000107 / .18 ACRES 273000042 / .16 ACRES 273000098 / .11 ACRES
Existing Land Use/Development: SINGLE FAMILY R-4	Existing Zoning District: BSC-P BSC PUBLIC
Proposed Land Use/Development: HOTEL R-1	Proposed Zoning District:

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

Name (Individual or Organization): SEE ATTACHED
Mailing Address (Street, City, State, ZIP):
Email/Phone Number:

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):	INDUS HOTELS (DAVID KOZAR)
Mailing Address (Street, City, State, ZIP):	155 LENNOX TOWN LN, COLUMBUS, OH. 43212
Phone Number:	614-824-2742
Email:	dkozar@indushotels.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):	OHM ADVISORS (WARREN BATH)
Mailing Address (Street, City, State, ZIP):	580 N FOURTH STREET, COLUMBUS, OH. 43215
Phone Number:	614-474-1145
Email:	warren.bath@ohm-advisors.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 _____, the **property owner**, hereby authorize _____
 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:
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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 _____, 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:
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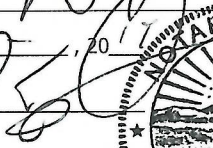


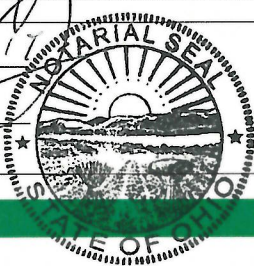
VIII. APPLICANT'S AFFIDAVIT OF ACKNOWLEDGMENT: This section must be completed with an **original signature** and **notarized**.

Original Document Attached

I DAVID KOZAR, 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: 5.1.19

Subscribed and sworn before me this 1 day of May, 2019
 State of OH
 County of Franklin Notary Public 



Andrew Finley
 Notary Public, State of Ohio
 My Commission Expires 09-07-19

FOR OFFICE USE ONLY:

Case Title: <u>BSD-HC - N. RIVERVIEW HAMPTON INN HOTEL</u>	Date Received: <u>5/2/19</u>
Case Number: <u>19-0351NF</u>	Next Decision Due Date (If Applicable):
Amount Received: <u>N/A</u>	Final Date of Determination:
Receipt Number: <u>N/A</u>	Related Cases:
Reviewing Body (Circle One): <u>ART</u> <u>ARB</u> <u>BZA</u> <u>CC</u> <u>PZC</u>	
Map Zone: <u>D-1</u>	
Determination or Action:	
Ordinance Number (If Applicable):	



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May 1, 2019

RE: List of Property Owners

40 N Blacksmith LN PID 273000068 Owner is **B E T Investments LLC**
17 N Riverview ST PID 273000107 Owner is **B E T Investments LLC**
27 N Riverview ST PID 273000032 Owner is **Coffman Company LTD**
37 N Riverview ST PID 273000042 Owner is **BET Investments LLC**
45 N Riverview ST PID 273000073 Owner is **BET Investments LLC**
53 N Riverview ST PID 273000098 Owner is **Coffman Company LTD**



transmittal



Date: May 1, 2019
Attn: ARB
Address: 5800 SHIRE RINGS ROAD, DUBLIN, OH 43016
Job No: Unassigned

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We are sending you the following items:

- Drawings, Plans, Agreement, Letter, Proposal, Other

Number of copies and description:

Table with 2 columns: Number of copies, Description. Row 1: 1 APPLICATION. Row 2: 10 INFORMAL REVIEW PACKETS 11x17.

These are transmitted as checked below:

- For Approval, For Review and Comment, Returned For Corrections, For Your Use, Approved As Submitted, For Your Signature, As Requested, Approved As Noted, Other

Comments:

This application is for informal ARB review on May 22 2019,

Signed:

Name: Warren Bath Title: Architect

cc: