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Planning | 2017
Case # 19 - 033 ARB-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): <i>24 N. High St. Dublin 43017</i>	
Tax ID/Parcel Number(s) (List All):	Parcel Size(s) in Acres (List Each Separately):
Existing Land Use/Development: <i>Retail</i>	Existing Zoning District: <i>BSD-HC</i>
Proposed Land Use/Development: <i>Retail</i>	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): <i>North High Building LLC</i>
Mailing Address (Street, City, State, ZIP): <i>5898 Vandeleur Pl Dublin, Ohio 43016</i>
Email/Phone Number: <i>614 389 3490</i>

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

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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): EXTRAVAGIFTS / Michele ALVAREZ

Mailing Address (Street, City, State, ZIP): 24 N. High St., DUBLIN, OH 43017

Phone Number: 614-389-4803

Email: EXTRAVAGIFTS@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):

Mailing Address (Street, City, State, ZIP):

Phone Number:

Email:

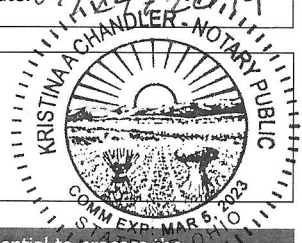
VI. PROPERTY OWNER'S AUTHORIZATION OF APPLICANT(S)/ AUTHORIZED REPRESENTATIVE: The Property Owner listed in Section III must authorize the Applicant listed in Section IV and/or the Authorized Representative listed in Section V to act on the Owner's behalf with respect to this application.

Not Applicable

I Najla Abbouy, the **property owner**, hereby authorize EXTRAVAGIFTS / Michele Alvarez 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): Najla Abbouy Date: 04/24/2019

Subscribed and sworn before me this 24th day of April, 2019
 State of Ohio
 County of Franklin Notary Public Kristina A. Chandler



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 Michele Alvarez/EXTRAVAGIFTS, 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: Michele Alvarez Date: 4-26-19



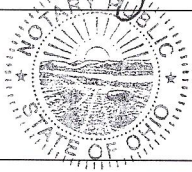
VIII. APPLICANT'S AFFIDAVIT OF ACKNOWLEDGMENT: This section must be completed with an **original signature** and **notarized**.

Original Document Attached

I Michele Alvarez, 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: Michele Alvarez Date: 4-25-19

Subscribed and sworn before me this 25th day of April, 2019
 State of Ohio County of Franklin Notary Public [Signature]


 ERICAA. ABFALTER
 Notary Public, State of Ohio
 My Comm. Expires 08/16/2023
 Recorded in Franklin County

FOR OFFICE USE ONLY:

Case Title: <u>BSD-HC - EXTRAVAGIFTS - SIGN</u>	Date Received: <u>4/29/19</u>
Case Number: <u>19-033ARB-MPR</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> ARB <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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