City of Dublin
OHIO USA

Case	#	-	

PLANNING APPLICATION

This is the general application form for all City of Dublin Boards and Commissions. In addition, applicants should submit a checklist with the requirements for the application type indicated below. Attach additional sheets as necessary.

I. REVIEW REQUESTED: The following are abbreviations for specific zoning districts within the City of Dublin with associated application types identified below: PUD - Planned Unit Development BSD - Bridge Street District WID - West Innovation District	II. PROPERTY INFORMATION: Provide information about the property including existing and proposed development. Property Address(es):	
	Property Address(es): (GOOD AND CENTER Acres (List In Acres (List All): Tax ID/Parcel Number(s) (List All): Parcel Size(s) in Acres (List Each Separately): 1. 231 Acres Existing Land Use/Development: Existing Zoning District: 2513 - Dublin CIB Proposed Land Use/Development: Proposed Zoning District: New Exterior Signage Fig. Current Property Owner(s): Indicate the person(s) or organization(s) who own the property proposed for development. Name (Individual or Organization): Kevin McCauley	
 □ Preliminary Plat □ Rezoning with Preliminary Development Plan (PUD) □ Site Plan Review (WID) □ Special Permit □ Standard District Rezoning □ Use Variance □ Waiver Review □ Wireless Communications Facility □ Zoning Code Amendment 	Mailing Address (Street, City, State, ZIP): 4489 Dublin Center Drive Dublin, OH 43017 Email/Phone Number: 614-348-7473 Kevin estavrofficom	

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): First Federal Lakewood - Ted	Yorkientz
Mailing Address (Street, City, State, ZIP): 14 800 Detroit Avenue, Lakenocok	6 0H 44/07
Phone Number: 216-534-2508	
Email: tyork@ffl. pet	
V. REPRESENTATIVE(S): Complete this section if the person/ organization representing the applicant/ propapplicant (such as the project manager or property owner's legal council).	perty owner is different from the
□ Not Applicable	
Name (Individual or Organization): Mailing Address (Street City State 711): Mailing Address (Street City State 711):	John McRas
Mailing Address (Street, City, State, ZIP): 4811 Van Eges Road, Cleve land	DH 44131
Phone Number: 216-741-3800	
Email: incruse exprilic N+3igN. com	
VI. PROPERTY OWNER'S AUTHORIZATION OF APPLICANT(S)/ AUTHORIZED REPRESENT listed in Section III must authorize the Applicant listed in Section IV and/or the Authorized Representative listed in Owner's behalf with respect to this application.	ATIVE: The Property Owner n Section V to act on the
	THE RESERVE OF THE PERSON OF T
□ Not Applicable	ALL THE RESIDENCE OF THE STREET
I Keyin Mc Cauled, the property owner, hereby authorize To act as my representative(s) in all matters pertaining to the processing and approval of this application, incluapplication. I agree to be bound by all representations and agreements made by the designated representative (li	ding modification to the
I Kevin Mc Cauley, the property owner, hereby authorize Brillia To act as my representative(s) in all matters pertaining to the processing and approval of this application, inclu	ding modification to the sted in Sections III and/or IV).
I Kevin Mc Cauler, the property owner , hereby authorize of this application, incluapplication. I agree to be bound by all representations and agreements made by the designated representative (li	ding modification to the sted in Sections III and/or IV).
I Key McCay , the property owner, hereby authorize To act as my representative(s) in all matters pertaining to the processing and approval of this application, incluapplication. I agree to be bound by all representations and agreements made by the designated representative (li Original Signature of Property Owner (listed in Section II): Subscribed and sworn before me this day of State of	ding modification to the sted in Sections III and/or IV). Date: 7-30-19 CRISTINA E. DIONNE NOTARY PUBLIC FOR THE STATE OF OHIO My Commission Expires November 26, 2021 essential to process the yrepresentatives to enter,
I COUNTY OF The property owner, hereby authorized this application, incluant application. I agree to be bound by all representations and agreements made by the designated representative (listed in Section II): Subscribed and sworn before me this day of State of County of Notary Public VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representative? The property Owner (Applicant, Authorized Representative (listed in Section II), hereby authorizes City and the property Owner (Applicant, Authorized Representative (listed in Section II), hereby authorizes City and the property Owner (listed in Section II), hereby authorizes City and the property Owner (listed in Section II), hereby authorizes City and the property Owner (listed in Section II), hereby authorizes City and the property Owner (listed in Section II), hereby authorizes City and the property Owner (listed in Section II), hereby authorizes City and the property Owner (listed in Section II), hereby authorizes City and the property Owner (listed in Section II), hereby authorizes City and the property Owner (listed in Section II), hereby authorizes City and the property Owner (listed in Section II).	ding modification to the sted in Sections III and/or IV). Date: 7 - 30 - 19 CRISTINA E. DIONNE NOTARY PUBLIC FOR THE STATE OF OHIO My Commission Expires November 26, 2021 essential to process the y representatives to enter, ended.

□ Original Document Attached			
the contents of this application. The information contained in this application, attached exhibits and other inform in all respects true and correct to best of my knowledge and belief.	ive , have read and understand nation submitted is complete and		
Original Signature of Property Owner or Authorized Representative:	Date: 7 - 30-19		
Subscribed and sworn before me this day of State of County of Public Notary Public	CRISTINA E. DIONNE NOTARY PUBLIC FOR THE STATE OF OHIO		
FOR OFFICE USE ONLY:	My Commission Expires 26, 2021		
	FOFO		
Case Title:	Date Received:		
Case Number:			
Amount Received:	Next Decision Due Date		
Receipt Number: (If Applicable):			
Reviewing Body (Circle One): ART ARB BZA CC PZC	Final Date of Determination:		
Map Zone:			
Determination or Action:	Related Cases:		

Ordinance Number (If Applicable):