

FILE COPY

Planning | 2017

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): 22 S. HIGH ST.	
Tax ID/Parcel Number(s) (List All): 273-000040	Parcel Size(s) in Acres (List Each Separately): 0.24
Existing Land Use/Development: COMMERCIAL	Existing Zoning District: BSD-HC
Proposed Land Use/Development: COMMERCIAL	Proposed Zoning District: BSD-HC

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

Name (Individual or Organization): 37 Darby, Ltd.
Mailing Address (Street, City, State, ZIP): 7250 Coffman Rd. Dublin, OH 43017
Email/Phone Number: jay@elppropman.com 614 214 7250



IV. APPLICANT(S): Complete this section if the person/organization representing the applicant/ property owner is different from the applicant.

PLANNING

Not Applicable

Name (Individual or Organization): Dave Triplett Vitality Juicery

Mailing Address (Street, City, State, ZIP): 22 South High St

Phone Number: 614 902 7119

Email: Vitalitysmoothie@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.

Jay 2/2

Not Applicable

I Jay B Emmert, Member, the **property owner**, hereby authorize Dave Triplett 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): Jay B Emmert Date: 5/23/19

Subscribed and sworn before me this 23 day of May, 2019
State of Ohio
County of Franklin Notary Public Nirali N. Sheth



NIRALI N. SHETH
Notary Public, State of Ohio
My Commission Expires
June 5, 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 Dave Triplett, 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: Dave Triplett Date: 23 June 2019



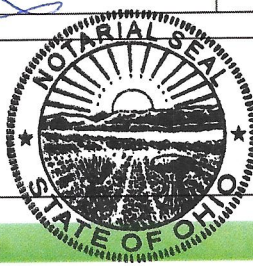
VIII. APPLICANT'S AFFIDAVIT OF ACKNOWLEDGMENT: This section must be completed with an **original signature** and **notarized**.

Original Document Attached

I Dave Triplett, 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: *Dave Triplett* Date: 23 June 2019

Subscribed and sworn before me this 23 day of MAY, 2019
 State of OHIO
 County of FRANKLIN Notary Public *Cynthia McConnell Young*



Cynthia McConnell Young
 Notary Public, State of Ohio
 My Commission Expires 03-16-2020

FOR OFFICE USE ONLY:

Case Title: <u>BSD-HC - VITALITY JUICE - SIGN</u>	Date Received:
Case Number:	
Amount Received: <u>N/A</u>	Next Decision Due Date (If Applicable):
Receipt Number: <u>N/A</u>	
Reviewing Body (Circle One): <u>ART</u> <u>ARB</u> BZA CC PZC	Final Date of Determination:
Map Zone: <u>D-1</u>	
Determination or Action:	Related Cases:
Ordinance Number (If Applicable):	

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