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CITY OF DUBLIN
PLANNING

Planning | 2019

Case # 19 - 070V

City of Dublin
OHIO, USA

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

- ☐ Administrative Appeal
- ☐ Administrative Departure
- ☐ Amended Final Development Plan (PUD)
- ☐ Amended Final Development Plan - Sign (PUD)
- ☐ Architectural Review Board
- ☐ Building Code Appeal
- ☐ Community Plan Amendment
- ☐ Concept Plan (BSD or PUD)
- ☐ Conditional Use
- ☐ Development Plan Review (WID)
- ☐ Demolition
- ☐ Final Development Plan (BSD or PUD)
- ☐ Final Plat
- ☐ Informal Review
- ☐ Master Sign Plan
- ☐ Minor Project
- ☐ Minor Subdivision
- ☑ Non-Use (Area) Variance
- ☐ Preliminary Development Plan (BSD)
- ☐ 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

II. PROPERTY INFORMATION: Provide information about the property including existing and proposed development.

Property Address(es): 7118 Dublin Road, Dublin OH 43017	
Tax ID/Parcel Number(s) (List All): 273 - 001787 - 00	Parcel Size(s) in Acres (List Each Separately): 2.96
Existing Land Use/Development: R - 1	Existing Zoning District: R - 1
Proposed Land Use/Development: R - 1	Proposed Zoning District: R - 1

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

Name (Individual or Organization): Douglas Sladoje
Mailing Address (Street, City, State, ZIP): 7118 Dublin Road, Dublin OH 43017
Email/Phone Number: doug@cswcolpa.com / 614 - 598 - 2388

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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):
Mailing Address (Street, City, State, ZIP):
Phone Number:
Email:

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 _____, 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:

Subscribed and sworn before me this _____ day of _____, 20___ Stamp or Seal
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 Douglas Sladoje, 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: 8/5/19

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

☐ **Original Document Attached**

I Douglas Sladoje, 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: [signature] Date: 8/5/19

Subscribed and sworn before me this 5th day of August, 2019

State of Ohio

County of Franklin

Notary Public Catherine S. Grose

NOTARIAL SEAL STATE OF OHIO

Catherine S. Grose
Notary Public State of Ohio
My Commission Expires
May 18, 2021

FOR OFFICE USE ONLY:

Case Title: R-1 - SLADOJE RESIDENCE	Date Received: 8/6/19
Case Number: 19-070V	
Amount Received: $100.00	Next Decision Due Date (If Applicable):
Receipt Number:	
Reviewing Body (Circle One): ART ARB (BZA) CC PZC	Final Date of Determination:
Map Zone: A-1	
Determination or Action:	Related Cases:
Ordinance Number (If Applicable):	

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