

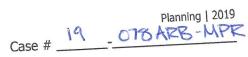


City of

Dublin

application types identified below:

□ Zoning Code Amendment



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.

PUD - Planned Unit Development BSD - Bridge Street District WID - West Innovation District
MID - Mest Hillorgroup preside
Annaal
□ Administrative Appeal
 □ Administrative Departure □ Amended Final Development Plan (PUD)
Amended Final Development Plan - Sign (PUD)
Architectural Review Board
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☐ Building Code Appear ☐ 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

I. REVIEW REQUESTED: The following are abbreviations for specific zoning districts within the City of Dublin with associated

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

Property Address(es): 16 N High St	-22 N. HIGH ST
Tax ID/Parcel Number(s) (List All):	Parcel Size(s) in Acres (List Each Separately):
273-000053-00	. Ve acres
Existing Land Use/Development:	Existing Zoning District:
471-Retail	BSD-HC
Proposed Land Use/Development:	Proposed Zoning District:
471-Retail	135D-1-1C

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

Name (Indivi	dual or Organization): Elite Investn	nents, LLC	
Mailing Addr	ess (Street, City, State, ZII Riverside Dr.	p)·	2016
Email/Phone marric. GI4. 214	Number: Titus @gmail 1.38.77	Com	



CED 0 1 2010

CITY OF DUBLIN

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

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 (such as the project manager or property owner's legal council).	applicant/ property owner is different from the
Not Applicable	
Name (Individual or Organization):	
Mailing Address (Street, City, State, ZIP):	
Phone Number:	
Email:	
VI. PROPERTY OWNER'S AUTHORIZATION OF APPLICANT(S)/ AUTHORIZED listed in Section III must authorize the Applicant listed in Section IV and/or the Authorized Repress Owner's behalf with respect to this application. Not Applicable	REPRESENTATIVE: The Property Owner entative listed in Section V to act on the
I, the property owner , hereby authorize To act as my representative(s) in all matters pertaining to the processing and approval of this a application. I agree to be bound by all representations and agreements made by the designated re	pplication, including modification to the
application. I agree to be bound by all representations and agreements made by the designated re	

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 Koyal Elife Investments, LLC, 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:

Notary Public _____

State of ____ County of ___



Date:

9 3 19

Original Document Attached	
I Royal Elike Investments, LLC, the property owner or authorized representative, have rethe contents of this application. The information contained in this application, attached exhibits and other information submin all respects true and correct to best of my knowledge and belief.	ead and understand itted is complete and
Original Signature of Property Owner or Authorized Representative: Maric Tilus Co Date:	9 3 19
Subscribed and sworn before the this ERICal WARD , 20	\$4 - 12 BUT
My Commission Expires 06-29-2021	
FOR OFFICE USE ONLY:	

Case Title: BSD-HC - 16 - 22 N. HIGH STREET - SIGNS	Date Received:
Case Number: 19-078 ARB - MPR	914/19
Amount Received: N/A	Next Decision Due Date (If Applicable):
Receipt Number: N/A	(1.7.)
Reviewing Body (Circle One): ART (RB) BZA CC PZC	Final Date of Determination:
Map Zone: D ~ 1	
Determination or Action:	Related Cases:
Ordinance Number (If Applicable):	

