



Case # 19 - 099PDP

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): 56 N HIGH ST DUBLIN, OH 43017	
Tax ID/Parcel Number(s) (List All): 273-000003	Parcel Size(s) in Acres (List Each Separately): .27
Existing Land Use/Development: 471 - DWELLING CONVERT TO RETAIL	Existing Zoning District: BSC-HC
Proposed Land Use/Development: 471	Proposed Zoning District: BSC-HC

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

Name (Individual or Organization):
COMMUNITY SPACE DEVELOPMENT LLC

Mailing Address (Street, City, State, ZIP):
**4620 HICKORY ROCK DR.
POWELL, OH 43065**

Email/Phone Number:
matt@cohatch.com / 614.738.3250

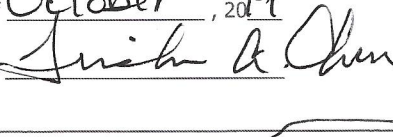



VIII. APPLICANT'S AFFIDAVIT OF ACKNOWLEDGMENT: This section must be completed with an **original signature** and **notarized**.

Original Document Attached

I, MATTHEW / Community Service District, 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:  Date: 10/14/19

Subscribed and sworn before me this 15 day of October, 2019
 State of Ohio
 County of Franklin Notary Public: 


FOR OFFICE USE ONLY:

Case Title: <u>BSDHC - COHATCH DUBLIN</u>	Date Received: <u>10/16/19</u>
Case Number: <u>19-099 PDP</u>	Next Decision Due Date (If Applicable):
Amount Received: <u>4905.00</u>	Final Date of Determination:
Receipt Number:	Related Cases:
Reviewing Body (Circle One): ART ARB BZA CC <u>PZC</u>	
Map Zone: <u>D-1</u>	
Determination or Action:	
Ordinance Number (If Applicable):	

