



Planning | 2019
Case # 19 - 075ARB-CP
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.

- 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

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

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

Name (Individual or Organization): <u>Community SPACE Development LLC</u>
Mailing Address (Street, City, State, ZIP): <u>4620 Hickory Rock Dr.</u> <u>Powell, OH 43065</u>
Email/Phone Number: <u>matte.cahatch.com / 6147383250</u>



RECEIVED

AUG 27 2019

PLANNING

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):	TIM LAI ARCHITECT
Mailing Address (Street, City, State, ZIP):	400 W RICH ST #233, COLUMBUS, OH, 43215
Phone Number:	614.321.5126
Email:	tim@laiarchitect.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

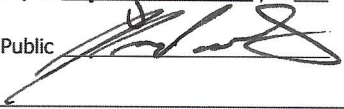
Name (Individual or Organization):	
Mailing Address (Street, City, State, ZIP):	
Phone Number:	
Email:	


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.

Not Applicable

I MATT DAVIS / Community SPACE DSU LLC, the **property owner**, hereby authorize Tim Lai Architects 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: 8/23/19

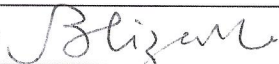
Subscribed and sworn before me this 23 day of August, 2019
 State of OH.
 County of Franklin Notary Public 



NICHOLAS A SNOW
 Notary Public
 In and for the State of Ohio
 My Commission Expires
 December 22, 2020

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 Eliza HO, 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: 8/24/2019

For questions or more information, please contact Planning at 614.410.4600 | www.dublinohioUSA.gov



EVERYTHING GROWS HERE.

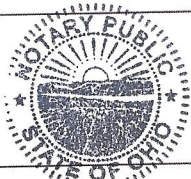
VIII. APPLICANT'S AFFIDAVIT OF ACKNOWLEDGMENT: This section must be completed with an **original signature** and **notarized**.

Original Document Attached

I Eliza HO, 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: 8/24/2019

Subscribed and sworn before me this 24 day of Aug, 2019.
 State of Ohio County of Franklin Notary Public [Signature]

 **VINU PATEL**
 Notary Public, State of Ohio
 My Comm. Expires Nov. 4, 2021

FOR OFFICE USE ONLY:

Case Title: <u>BSD-HC - CoHATCH DUBLIN</u>	Date Received: <u>8/27/19</u>
Case Number: <u>19-075ARB-CP</u>	Next Decision Due Date (If Applicable):
Amount Received: <u>\$ 2,420.00</u>	Final Date of Determination:
Receipt Number:	Related Cases:
Reviewing Body (Circle One): ART ARB BZA CC PZC	
Map Zone: <u>D-1</u>	
Determination or Action:	
Ordinance Number (If Applicable):	

