



CITY OF DUBLIN

Land Use and
Long Range Planning
5800 Shier-Rings Road
Dublin, Ohio 43016-1236

Phone/ TDD: 614-410-4600
Fax: 614-410-4747
Web Site: www.dublin.oh.us

ARCHITECTURAL APPEAL APPLICATION

BUILDING PERMIT # _____

APPLICATION # _____

NOTE: Applicants are highly encouraged to contact Land Use and Long Range Planning for assistance and to discuss the Architectural Appeal process prior to submitting a formal application. Signature to and submittal of this application indicates voluntary acceptance of the Panel's determination as the final ruling regarding the architectural diversity of the proposed building model for the property described in this application.

FOR OFFICE USE ONLY:			
Amount Received:	Application No:	ADP Date:	ADP Action:
Receipt No:	MIS Fee No:	Date Received:	Received By:

I. PROPERTY INFORMATION: *This section must be completed.*

Property Address:	
Tax ID/Parcel Number:	Subdivision Name and Phase:
Building Permit Number:	Lot Number:

II. PLEASE DESCRIBE THE NATURE OF THE ARCHITECTURAL DIVERSITY APPEAL:

Please attach additional sheets if necessary:

III. PLEASE SUBMIT THE FOLLOWING:

- ONE (1) ORIGINAL SIGNED AND NOTARIZED APPLICATION** with agent authorization completed and notarized
- THREE (3) COPIES OF THE COMPLETE BUILDING PERMIT APPLICATION** including all proposed architectural elevations

IV. PROPERTY OWNER: *This section must be completed.*

Current Property Owner:	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

V. REPRESENTATIVE(S) OF OWNER: *Please complete if applicable. Attach additional sheets for multiple representatives.*

Representative: (Tenant, Architect, Designer, Contractor, etc.)	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	
Who is the PRIMARY CONTACT PERSON for this application?	

VI. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner, as notarized below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

VII. AUTHORIZATION FOR OWNER'S REPRESENTATIVE(S): *Please complete if applicable. This section must be notarized.*

<p>I _____, the owner, hereby authorize _____ to act as my representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.</p>	
Signature of Current Property Owner:	Date:

Subscribed and sworn to before me this _____ day of _____, 20 _____

State of _____

County of _____ Notary Public

VIII. APPLICANT'S AFFIDAVIT: *This section must be completed and notarized.*

I _____, the 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 the best of my knowledge and belief.	
Signature of Owner or Authorized Representative:	Date:

Subscribed and sworn to before me this _____ day of _____, 20 _____

State of _____

County of _____ Notary Public

FOR OFFICE USE ONLY: ADP DETERMINATION	
APPLICATION # _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
PANEL NOTES/ COMMENTS: 	
CERTIFICATION OF PANEL DECISION:	
Signature:	Date:
Signature:	Date:
Signature:	Date:
CERTIFICATION OF STAFF MEMBER PRESENT:	
Signature:	Date:

FOR OFFICE USE ONLY: BOND RELEASE COMPLETION	FORWARD COPY TO FINANCE DEPARTMENT UPON COMPLETION
Approved By:	
Title:	Date:
Remit Bond To:	