



CITY OF DUBLIN, OH

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

# PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

## I. PLEASE CHECK THE TYPE OF APPLICATION:

<input type="checkbox"/> Informal Review	<input type="checkbox"/> Final Plat (Section 152.085)
<input type="checkbox"/> Concept Plan (Section 153.056(A)(1))	<input type="checkbox"/> Conditional Use (Section 153.236)
<input checked="" type="checkbox"/> Preliminary Development Plan / Rezoning (Section 153.053)	<input type="checkbox"/> Corridor Development District (CDD) (Section 153.115)
<input type="checkbox"/> Final Development Plan (Section 153.053(E))	<input type="checkbox"/> Corridor Development District (CDD) Sign (Section 153.115)
<input type="checkbox"/> Amended Final Development Plan (Section 153.053(E))	<input type="checkbox"/> Minor Subdivision
<input type="checkbox"/> Standard District Rezoning (Section 153.018)	<input type="checkbox"/> Right-of-Way Encroachment
<input type="checkbox"/> Preliminary Plat (Section 152.015)	<input type="checkbox"/> Other (Please Specify): _____

Please utilize the applicable *Supplemental Application Requirements* sheet for additional submittal requirements that will need to accompany this application form.

## II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 7000-7100 Hospital Drive, Dublin, Ohio 43016	
Tax ID/Parcel Number(s): 273-008209 273-008208 273-008207	Parcel Size(s) (Acres): 10.207 15.053 3.166
Existing Land Use/Development: Avery Square Shopping Center	

### IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: Permit a Kroger fuel facility in a portion of the existing Kroger parking lot. Permit an additional outparcel/retail area in shopping center parking lot.
Total acres affected by application: 28.426 acres

## III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

Name (Individual or Organization): Dublin Oaks Limited	
Mailing Address: 191 W. Nationwide Blvd., Suite 200 (Street, City, State, Zip Code) Columbus, OH 43215	
Daytime Telephone: (614) 228-5331	Fax: (614) 469-8224
Email or Alternate Contact Information: cfraas@castoinfo.com	

**IV. APPLICANT(S):** This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: Lindsey Taylor	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): The Kroger Co.	
Mailing Address: 4111 Executive Parkway, Westerville, OH 43081 (Street, City, State, Zip Code)	
Daytime Telephone: (614) 898-3243	Fax: (614) 898-3496
Email or Alternate Contact Information: lindsey.taylor@kroger.com	

**V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER:** This is the person(s) who is submitting the application on behalf of the applicant listed in part IV or property owner listed in part III. Please complete if applicable.

Name: Charles Fraas	
Organization (Owner, Developer, Contractor, etc.): Casto	
Mailing Address: 191 W. Nationwide Blvd., Suite 200, Columbus, OH 43215 (Street, City, State, Zip Code)	
Daytime Telephone: (614) 227-3485	Fax: (614) 221-4454
Email or Alternate Contact Information: cfraas@castoinfo.com	

**VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S):** If the applicant is not the property owner, this section must be completed and notarized.

I _____, the owner, hereby authorize _____ to act as my applicant or 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.	
Signature of Current Property Owner:	Date:

Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

State of \_\_\_\_\_

Stamp or Seal

County of \_\_\_\_\_ Notary Public \_\_\_\_\_

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

I, Charles Fraas, the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.	
Signature of applicant or authorized representative: <i>Charles Fraas, authorized rep.</i>	Date: 4/15/10

**Dublin Planning and Zoning Commission Application (con't.)**

**Section VI. Authorization for Owner's Applicant or Representative(s)**

I, Paul G. Lukeman, Vice President of CRI Holdings, Inc, Managing Member of Dublin Oaks Limited, the owner, hereby authorizes Charles Fraas, to act as my applicant or representative 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.

Signature of Current Property Owner:

Dublin Oaks Limited, an Ohio limited liability company

By: CRI Holdings, Inc., an Ohio corporation, Managing Member

By:   
Paul G. Lukeman, Vice President

Date: April 15, 2010

State of Ohio  
County of Franklin

Subscribed and sworn before me this 15 day of April, 2010.

  
Notary Public



**MOLLY P. BENADUM**  
Notary Public, State of Ohio  
My Commission Expires 12-09-2011

**VIII. UTILITY DISCLAIMER:** The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

I, <u>Charles Fraas</u> , the owner or authorized representative, acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.	
Signature of applicant or authorized representative: <u><i>Charles Fraas, authorized rep</i></u>	Date: <u>4/15/10</u>

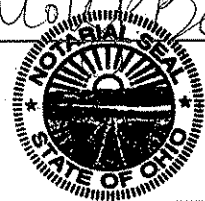
**IX. APPLICANT'S AFFIDAVIT:** This section must be completed and notarized.

I, <u>Charles Fraas</u> , 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 applicant or authorized representative: <u><i>Charles Fraas, authorized rep</i></u>	Date: <u>4/15/10</u>

Subscribed and sworn to before me this 15 day of April, 2010

State of Ohio  
 County of Franklin

Notary Public *Molly P. Benadum* Stamp or Seal



**MOLLY P. BENADUM**  
 Notary Public, State of Ohio  
 My Commission Expires 12-09-2011

FOR OFFICE USE ONLY			
Amount Received:	Application No:	P&Z Date(s):	P&Z Action:
Receipt No:	Map Zone:	Date Received:	Received By:
City Council (First Reading):		City Council (Second Reading):	
City Council Action:		Ordinance Number:	
Type of Request:			
N, S, E, W (Circle) Side of:			
N, S, E, W (Circle) Side of Nearest Intersection:			
Distance from Nearest Intersection:			
Existing Zoning District:		Requested Zoning District:	