



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

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): 6001 AVERY ROAD	
Tax ID/Parcel Number(s): 274.000025 (.6289 - 0.231) = 0.3979 DAN-SHERRI ROW = 0.23	Parcel Size(s) (Acres): 1.60 TOTAL (0.6279)
Existing Land Use/Development: VACANT / RESIDENTIAL	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: NEIGHBORHOOD OFFICE - RELATED
Total acres affected by application: 1.60

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

Name (Individual or Organization): CITY OF DUBLIN	
Mailing Address: (Street, City, State, Zip Code) 5200 EMERALD PARKWAY DUBLIN, OH 43017	
Daytime Telephone: 614.410.4400	Fax: 614.410.4490
Email or Alternate Contact Information: tfoegler@dublin.oh.us	

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:	TERRY FOEGLER, CITY MANAGER		Applicant is also property owner: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.):	CITY OF DUBLIN		
Mailing Address: (Street, City, State, Zip Code)	5200 EMERALD PARKWAY, DUBLIN, OH 43017		
Daytime Telephone:	614.410.4400	Fax:	614.410.4490
Email or Alternate Contact Information:	tfoegler@dublin.oh.us		

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:	DANA MCDANIEL, DEPUTY CITY MANAGER		
Organization (Owner, Developer, Contractor, etc.):	CITY OF DUBLIN		
Mailing Address: (Street, City, State, Zip Code)	5800 SHIER RINGS ROAD, DUBLIN, OH 43016		
Daytime Telephone:	614.410.4619	Fax:	614.761.6506
Email or Alternate Contact Information:	dmcdaniel@dublin.oh.us		

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, TERRY FOEGLER, CITY MANAGER, the owner, hereby authorize DANA MCDANIEL (OR OTHER DESIGNEES) 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:	05/24/10
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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 24th day of May, 2010

State of OHIO

County of FERNANDINA

Notary Public




David L. Marshall
Notary Public, State of Ohio
My Commission Expires 06-25-2012

VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by the 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, <u>TERRY FOEGLER, CITY MANAGER</u> , 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:		Date:	05/24/10


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, TERRY FOEGLER, CITY MANAGER, 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:  Date: 05/24/10

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

I, TERRY FOEGLER, CITY MANAGER, 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:  Date: 05/24/10

Subscribed and sworn to before me this 24TH day of MAY 20 10
 State of OHIO
 County of DUBLIN Notary Public 



Stamp or Seal
 David L. Marshall
 Notary Public, State of Ohio
 My Commission Expires 06-25-2012

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:	



CITY OF DUBLIN

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Long Range Planning
5800 Shier-Rings Road
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February 2009

PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

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<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): 6009 AVERY ROAD	
Tax ID/Parcel Number(s): 274-000050 (.6828-0.246) 0.4368 DAN SHERRI LOT #6 = 0.54	Parcel Size(s) (Acres): 1.60 TOTAL (0.9768)
Existing Land Use/Development: RESIDENTIAL	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: NEIGHBORHOOD OFFICE RELATED
Total acres affected by application: 1.60

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

Name (Individual or Organization): R. STEVEN DOROTHY MARCUS
Mailing Address: (Street, City, State, Zip Code) 1849 WESTBELT DRIVE COLUMBUS, OH 43228
Daytime Telephone: 614.771.8989 Fax: 614.771.7987
Email or Alternate Contact Information:

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: <u>WILLIAM A. GOLDMAN</u>	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): <u>CRABBE BROWN JAMES LLP</u>	
Mailing Address: (Street, City, State, Zip Code) <u>500 S. FRONT ST. SUITE 1200, COLUMBUS, OH 43215</u>	
Daytime Telephone: <u>614.229.4570</u>	Fax: <u>614.229.4568</u>
Email or Alternate Contact Information: <u>WGoldman@cbjlawyers.com</u>	

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: <u>LINDA MINEREM</u>	
Organization (Owner, Developer, Contractor, etc.): <u>EMH•T</u>	
Mailing Address: (Street, City, State, Zip Code) <u>5500 NEW ALBANY ROAD, COLUMBUS, OH 43054</u>	
Daytime Telephone: <u>614.775.4710</u>	Fax: <u>614</u>
Email or Alternate Contact Information: <u>lminerem@emht.com</u>	

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, P. STEVEN MARCUS, the owner, hereby authorize WILLIAM GOLDMAN • LINDA MINEREM 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: [Signature] Date: 5/25/10

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 25th day of May, 20 10
 State of Ohio
 County of Franklin Notary Public [Signature]



CHADWICK CRANEY
 Notary Public
 for the State of Ohio
 My Commission Expires
 January 2, 2013

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, P. STEVEN MARCUS, 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: [Signature] Date: 5/25/10

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>R. STEVEN MARCUS</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>R. Steven Marcus</u>	Date: <u>5/25/10</u>

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

I, <u>R. STEVEN MARCUS</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>R. Steven Marcus</u>	Date: <u>5/25/10</u>

Subscribed and sworn to before me this 25th day of May, 20 10

State of Ohio

County of Franklin

Notary Public Chadwick Crane



CHADWICK CRANEY
Notary Public
In and for the State of Ohio
My Commission Expires
January 2, 2013

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:	