

**CITY OF DUBLIN**

Land Use and Long Range Planning
 5800 Shier-Rings Road, Dublin, OH 43016
 Phone/TDD: 614-410-4600
 Fax: 614-410-4747
 Web Site: www.dublin.oh.us

August 2011

Certificate of Zoning Plan Approval

PLEASE SUBMIT THE FOLLOWING:

- ONE (1) ORIGINAL SIGNED APPLICATION (PLEASE PRINT, EXCEPT WHERE NOTED)**
- ONE (1) COPY OF A SCALED SITE PLAN DRAWN IN INK** indicating all current structures, property lines, setbacks, and easements and proposed, structures, and site improvements. All proposed work should be dimensioned and labeled. Additional documentation may be required. Partial or incomplete applications and drawings cannot be processed and **will be returned to the applicant.**

PLEASE CHECK THE TYPE OF APPLICATION:

- | | |
|--|--|
| <input type="checkbox"/> COMMERCIAL DETACHED ACCESSORY STRUCTURE LESS THAN 120 SQ FT | <input type="checkbox"/> TEMPORARY SIGN (additional info required)* |
| <input type="checkbox"/> RESIDENTIAL DETACHED ACCESSORY STRUCTURE LESS THAN 200 SQ FT | <input type="checkbox"/> MODEL HOME (additional info required)* |
| <input type="checkbox"/> FENCE | <input type="checkbox"/> OUTDOOR SALES (additional info required)* |
| <input type="checkbox"/> PATIO, SEATING WALL, RETAINING WALL, LANDSCAPE WALLS | <input type="checkbox"/> OTHER: _____ |

*Please refer to Planning Department or Planning Website for additional submittal information.

NAME OF BUSINESS/FACILITY (if applicable)	
SUBDIVISION (if applicable)	LOT NUMBER (if applicable)
NAME OF PROPERTY OWNER	PHONE
ADDRESS OF SUBJECT PROPERTY	
NAME OF APPLICANT/AUTHORIZED REPRESENTATIVE	
APPLICANT'S PHONE NUMBER	APPLICANT'S E-MAIL
ADDRESS OF APPLICANT/ AUTHORIZED REPRESENTATIVE	
PLEASE DESCRIBE IN LAYMAN'S TERMS THE EXISTING AND PROPOSED USE(S) OF ALL PARTS OF THE LAND AND/OR BUILDINGS. IF A CHANGE OF USE IS PROPOSED, PLEASE EXPLAIN. (i.e, RETAIL SPACE TO MEDICAL OFFICE SPACE, ETC.)	

PROPERTY OWNER AUTHORIZATION FOR REPRESENTATIVE

I, _____ (Name of Current Property Owner), the owner and applicant, hereby authorize _____ to act as my representative and agent in matters pertaining to the processing and approval of this application including modifying the project, and I agree to be bound by all representations and agreements made by the Authorized Representative.			
Signature of Current Property Owner	DATE	Signature of Authorized Representative	DATE
X _____		X _____	

FOR OFFICE USE ONLY

APPLICATION # _____	DATE ISSUED _____	RESUBMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS NOTED <input type="checkbox"/> DISAPPROVED AS NOTED (REVISE DOCUMENTS AS REQUIRED & RESUBMIT FOR APPROVAL)		
This Certificate of Zoning Plan Approval is issued for, and in reference to the property and use described above, and as approved by the City Administrator or designee, or the City Council, Board of Zoning Appeals, Planning & Zoning Commission, or the Architectural Review Board as appropriate.		
BY: _____	DATE: _____	
NOTES:		
ZONING INSPECTION REQUIRED UPON COMPLETION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please call 614-410-4673 to schedule an inspection.		