

# Board of Zoning Adjustment Application

DEPARTMENT OF BUILDING  
AND ZONING SERVICES

757 Carolyn Avenue, Columbus, Ohio 43224  
Phone: 614-645-7433 • www.bzs.columbus.gov

**OFFICE USE ONLY**

Application Number: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Application Accepted by: \_\_\_\_\_ Fee: \_\_\_\_\_  
Commission/Civic: \_\_\_\_\_  
Existing Zoning: \_\_\_\_\_  
Comments: \_\_\_\_\_

**TYPE(S) OF ACTION REQUESTED** (Check all that apply):

Variance  Special Permit

Indicate what the proposal is and list applicable code sections:

Parking Variance - 3312.49 Minimum numbers of parking spaces required

Building frontage 60% window glass variance - 3372.605 Building design standards

**LOCATION**

Certified Address: 1033, 1037, 1041 Parsons Ave City: Columbus Zip: 43206

Parcel Number (only one required): 010-010247-00

**APPLICANT** (If different from Owner):

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PROPERTY OWNER(S)**  Check here if listing additional property owners on a separate page

Name: Prim Enterprises LTD Phone Number: 614-743-4311 Ext.: \_\_\_\_\_

Address: 1080 Gibbard Ave City/State: Columbus Ohio Zip: 43201

Email Address: primenterprises@hotmail.com Fax Number: \_\_\_\_\_

**ATTORNEY / AGENT** (Check one if applicable):  Attorney  Agent

Name: John B Howarth Phone Number: 614-743-4311 Ext.: \_\_\_\_\_

Address: 1080 Gibbard Ave City/State: Columbus Ohio Zip: 43201

Email Address: primenterprises@hotmail.com Fax Number: \_\_\_\_\_

**SIGNATURES** (All signatures must be provided and signed in **blue** ink)

APPLICANT SIGNATURE \_\_\_\_\_

PROPERTY OWNER SIGNATURE \_\_\_\_\_

ATTORNEY / AGENT SIGNATURE \_\_\_\_\_

**PLEASE NOTE: Incomplete information will result in the rejection of this submittal.**

Applications must be submitted by appointment. Call 614-645-4522 to schedule.

## **BZA APPLICATION CHECKLIST**

The application package must consist of TWO (2) COMPLETE SETS of all items listed below, one of which must contain the original signed forms.

- The Application Form**
- Statement in Support**
- Notarized Affidavit Form and Label Sets**
- Notarized Project Disclosure Statement**
- Certified Address** (or City address history showing current use)  
The source for address card is the Columbus Department of Public Service, Division of Infrastructure Management; 50 W. Gay Street, 1st floor, Columbus, Ohio 43215, Phone (614)645-5661.
- Legal Description of the Subject Property**  
Current property survey to include acreage of the subject property and all metes and bounds, referencing the centerline intersection of two public streets (acceptance of subdivision lot numbers with corresponding plat map copies is contingent upon staff review).
- Power of Attorney**  
**If** you are an applicant who does not own the subject property, and you are not the owner's attorney, an engineer or an architect licensed by the State of Ohio, you must submit a power of attorney from the owner. If the subject property is owned by a partnership, corporation, limited liability company, trust or estate, and you are not an attorney, an engineer, or an architect licensed by the State of Ohio, you must submit a corporate resolution, a letter of authority from the probate court, or other legal document indicating your right to represent its interest.
- Site Plan**  
An accurate, scaled site plan with dimensions and/or other precise documentation of requested variance(s).
- Zoning Orders**  
If this application is being made due to the issuance of zoning violation orders, please attach a copy of the orders.
- Application Fees (Non-Refundable)**  
Checks are to be made payable to: Columbus City Treasurer  
1-4 dwelling units, for residential uses      \$ 320.00  
All other uses      \$1,900.00

---

**PLEASE NOTE: Incomplete information will result in the rejection of this submittal.**  
Applications must be submitted by appointment. Call 614-645-4522 to schedule.

# Board of Zoning Adjustment Application

## **STATEMENT IN SUPPORT OF VARIANCE(S)**

APPLICATION #

### **3307.09 Variances by Board.**

- A.** The Board of Zoning Adjustment shall have the power, upon application, to grant variances from the provisions and requirements of this Zoning Code (except for those under the jurisdiction of the Graphics Commission and except for use variances under the jurisdiction of the Council). The board shall take into account all of the following facts and conditions when considering variances:
  1. Whether the property in question will yield a reasonable return or whether there can be any beneficial use of the property without a variance.
  2. Whether the variance is substantial.
  3. Whether the essential character of the neighborhood would be substantially altered or whether adjoining properties would suffer a substantial detriment as a result of the variance.
  4. Whether the variance would adversely affect the delivery of governmental services (e.g., water, sewer, refuse service).
  5. Whether the property owner purchased the property with knowledge of the zoning restriction.
  6. Whether the property owner's predicament feasibly can be obviated through some method other than a variance.
  7. Whether the spirit and intent behind the zoning requirement would be observed and substantial justice done by granting the variance.
- B.** In granting a variance, the Board may impose such requirements and conditions regarding the location, character, and other features of the proposed uses or structures as the Board deems necessary to carry out the intent and purpose of this Zoning Code and to otherwise safeguard public safety and welfare.
- C.** Nothing in this section shall be construed as authorizing the Board to affect changes in the Zoning Map or to add to the uses permitted in any district.

**List all sections of Code to be varied and explain your reasoning as to why this request should be granted.**

**PLEASE NOTE: It is the applicant's responsibility to identify all variances required for the project. If any necessary variances are not included, a new application (and applicable fees) will be required.**

**I have read the foregoing and believe my application for relief from the requirements of the Zoning Code demonstrates practical difficulty as contemplated by that section, in the following ways (use separate page if needed or desired):**

Parking Variance - Codes 3312.49 Minimum numbers of parking spaces required.

The building is bordered by Parsons Ave to the East and an alley way to the West. To the North and South, the building butts up directly to the property line. There is no space on the property for parking as it sits now, and we need 28 spots for the new use.

Variance for 60% Glass on Building Frontage - Code 3372.605 Building Design Standards

The building was built with approximately 40% glass on the front of it. In order to add 20% more glass, it would come at an enormous cost with a significant engineering and architectural bill as well as delay the occupation of the building. There is a large amount of room for glass there now, and once the renovation is complete it will fit with the intent of the code, as well as look great adding to the appeal of the area.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

---

## **STATEMENT IN SUPPORT OF SPECIAL PERMIT REQUEST**

APPLICATION #

### **3307.06 Special Permits.**

The board of zoning adjustment shall have the power:

- A.** To grant special permits for uses listed in Chapter 3389 where it is shown that the special use can be granted without substantial detriment to the public good, without substantial impairment of the general purpose and intent of the zoning district in which the use is proposed to be located, and without significant incompatibility with the general character of the neighborhood.
- B.** To grant special permits for the relocation or expansion of nonconforming uses, where it can be shown that the relocation or expansion of the nonconforming use can be granted without substantial impairment of the general purpose and intent of the underlying zoning district, and without significant incompatibility with the general character of the neighborhood. No expansion of a nonconforming use shall exceed 50 percent of the total floor area the original nonconforming use occupied.
- C.** To impose such requirements and conditions regarding the location, character, and other features of the proposed uses or structures as the board deems necessary to carry out the intent and purpose of the Zoning Code and to otherwise safeguard the public safety and welfare.
- D.** Upon application by the city attorney, to revoke any special permit whose condition has been violated after notice and opportunity to conform have been given.
- E.** To grant special permits for the relocation or expansion of nonconforming uses, where it can be shown that the relocation or expansion of the nonconforming use can be granted without substantial impairment of the general purpose and intent of the underlying zoning district, and without significant incompatibility with the general character of the neighborhood. No expansion of a nonconforming use shall exceed 50 percent of the total floor area the original nonconforming use occupied.

**List all sections of Code relevant to your Special Permit request and explain your reasoning as to why this request should be granted.**

**PLEASE NOTE: It is the applicant's responsibility to identify the Special Permit required for the project. If the necessary Special Permit is not requested, a new application (and applicable fees) will be required.**

**I have read the foregoing and believe my application for relief from the requirements of the Zoning Code meets the requirements of Section 3307.06 in the following ways (use separate page if needed or desired):**

---

---

---

---

---

---

---

---

---

---

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

# Board of Zoning Adjustment Application

**AFFIDAVIT**

STATE OF OHIO  
COUNTY OF FRANKLIN

Being first duly cautioned and sworn **(1)** NAME John B Howarth  
of **(1)** MAILING ADDRESS 1080 Gibbard Ave, Columbus OH 43201

deposes and states that (he/she) is the applicant, agent, or duly authorized attorney for same and the following is a list of the name(s) and mailing address(es) of all the owners of record of the property located at **(2)** per ADDRESS CARD FOR PROPERTY 1033, 1037, and 1041 Parsons Ave, Columbus OH 43206

for which application for a rezoning, variance, special permit or graphics plan was filed with the Department of Building and Zoning Services, on **(3)** \_\_\_\_\_  
(THIS LINE TO BE FILLED OUT BY CITY STAFF)

SUBJECT PROPERTY OWNERS NAME **(4)** Prim Enterprises LTD  
AND MAILING ADDRESS 1080 Gibbard Ave  
Columbus Ohio 43201

APPLICANT'S NAME AND PHONE # \_\_\_\_\_  
(same as listed on front application) \_\_\_\_\_

AREA COMMISSION OR CIVIC GROUP **(5)** South Side Area Commission Zoning Chair  
AREA COMMISSION ZONING CHAIR Curtis Davis 614-332-3355  
OR CONTACT PERSON AND ADDRESS 584 E. Moler St, Columbus OH 43207

and that the attached document **(6)** is a list of the **names** and **complete mailing addresses**, including **zip codes**, as shown on the **County Auditor's Current Tax List or the County Treasurer's Mailing List**, of all the **owners of record of property within 125 feet** of the exterior boundaries of the property for which the application was filed, **and** all of the owners of any property within 125 feet of the applicant's or owner's property in the event the applicant or the property owner owns the property contiguous to the subject property

**(7)** SIGNATURE OF AFFIANT \_\_\_\_\_

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

Notary Seal Here

\_\_\_\_\_  
**(7)** SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires

# Board of Zoning Adjustment Application

757 Carolyn Avenue, Columbus, Ohio 43224  
Phone: 614-645-7433 • www.bzs.columbus.gov

---

## **INSTRUCTIONS FOR AFFIDAVIT**

- (1) Name and address of the person who did the research. It is important that the person who does the research is the same person who signs the notarized affidavit.
- (2) Address of the subject as indicated on the address card from the Department of Public Service, Division of Planning & Operations; 50 W. Gay Street, 1st floor, Columbus, Ohio 43215, Phone (614) 645-5661.
- (3) Leave blank - we will fill this out at the time of application.
- (4) From real property records located on the 19th floor of the Franklin County Court House Building, 373 South High Street, or other records; enter the name and address of the owner(s) of the property the application is for (this must be the same as the "Property Owners" shown on the application).
- (5) Fill in the appropriate Area Commission/Civic Association and complete contact information. This information can be obtained by going to: [www.columbus.gov/areacommissions/](http://www.columbus.gov/areacommissions/) or by contacting Neighborhood Services at 614-645-7795.
- (6) A "Variance Report" listing the surrounding property owners can be obtained at the Franklin County Auditor's office. From the same records as in Item #4, enter the name and complete the mailing address (including zip code) of the owners of all property located within 125 feet of the subject site or the boundaries of ownership in the event that one or more property owners of the subject site owns contiguous property. This shall include properties across the street and in other municipalities and jurisdictions, if applicable. Also, include the owners of any property within 125 feet of the applicant's property in the event the applicant or the property owner of the subject site owns the property contiguous to the subject property.
  - (6a) It is the affiant's responsibility to determine the actual address, including personally visiting the properties, if necessary.
  - (6b) **DO NOT list a mortgage company as a mailing address** for the property unless title to the property is held by the mortgage company, thereby making the company the actual property owner. It is the affiant's responsibility to exercise reasonable diligence to determine the address of the actual property owner.
  - (6c) If property owners appears on the list more than once, please provide only one mailing label.
- (7) **Please submit two (2) label sets in Avery #5160 format (example provided), plus one (1) master set on paper, and one (1) master set saved as an MS Word document on a CD ROM, listing the names and complete addresses of the applicant; the property owner(s); attorney/agent; applicable Area Commission or neighborhood group; and surrounding real property owners as explained in (6) above. Make sure that the last two lines of the address label contain the street address and the city, state, and zip code. Please add "or Current Occupant" to the names for all of the SURROUNDING PROPERTY OWNERS.**
- (8) This Affidavit form must be signed in the presence of a Notary Public.
- (9) The Affidavit expires six (6) months after date of notarization.

---

**PLEASE NOTE: Incomplete information will result in the rejection of this submittal.**

Applications must be submitted by appointment. Call 614-645-4522 to schedule.

# Board of Zoning Adjustment Application

757 Carolyn Avenue, Columbus, Ohio 43224  
Phone: 614-645-7433 • www.bzs.columbus.gov

---

## **EXAMPLE LABEL SET**

### **APPLICANT**

ACME Inc.  
c/o Brad Clark  
555 Main Street  
Anytown, USA 10000

### **PROPERTY OWNER**

Jeffrey Jackson  
430 Main Street  
Anytown, USA 10000

### **ATTORNEY**

John W. Smith  
Law Office LP  
123 Main Street  
Anytown, USA 10000

### **AREA COMMISSION OR NEIGHBORHOOD GROUP**

Civic Group  
c/o Zoning Chair Person  
100 Main Street  
Anytown, USA 10000

### **SURROUNDING PROPERTY OWNERS**

Jeffrey Johnson/or current occupant  
430 Main Street  
Anytown, USA 10000

Robert Miller/or current occupant  
425 Main Street  
Anytown, USA 10000

Jane Lewis/or current occupant  
429 Main Street  
Anytown, USA 10000

Country Snaps LP/or current occupant  
c/o Shopping Centers Inc.  
355 Town Street  
Anytown, USA 10000

Joel and Carla Nelson/or current occupant  
434 Main Street  
Anytown, USA 10000

Susan Griffin/or current occupant  
505 High Street  
Anytown, USA 10000

---

**PLEASE NOTE: Incomplete information will result in the rejection of this submittal.**

Applications must be submitted by appointment. Call 614-645-4522 to schedule.

# Board of Zoning Adjustment Application

DEPARTMENT OF BUILDING  
AND ZONING SERVICES

757 Carolyn Avenue, Columbus, Ohio 43224  
Phone: 614-645-7433 • www.bzs.columbus.gov

## **PROJECT DISCLOSURE STATEMENT**

Parties having a 5% or more interest in the project that is the subject of this application.

**THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED.** Do not indicate 'NONE' in the space provided.

APPLICATION # \_\_\_\_\_

STATE OF OHIO  
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) John B Howarth  
of (COMPLETE ADDRESS) 1080 Gibbard Ave, Columbus OH 43201

deposes and states that (he/she) is the APPLICANT, AGENT, OR DULY AUTHORIZED ATTORNEY FOR SAME and the following is a list of all persons, other partnerships, corporations or entities having a 5% or more interest in the project which is the subject of this application and their mailing addresses:

NAME	COMPLETE MAILING ADDRESS
Nathan Pratt	8598 Liberty Rd N, Powell Ohio 43065
Brad Giffin	1355 Bryden Rd, Columbus Ohio 43205

SIGNATURE OF AFFIANT \_\_\_\_\_

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

Notary Seal Here

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires



## **PUBLIC HEARINGS APPLICATION INSTRUCTIONS**

Applications must be submitted by appointment. Call 614-645-4522 for Public Hearings staff to schedule. All applications must be submitted in duplicate.

### THINGS TO REMEMBER

- Applications are accepted by appointment only, and incomplete applications will NOT be accepted.
- It is the applicant's responsibility to identify all variances required for the project. If any necessary variances are not included, a new application (and applicable fees) will be required.
- Applicants must confirm whether the subject site lies within the boundaries of an Area Commission, Historic Architectural Review Commission or recognized civic association. This information can be obtained at <http://columbus.gov/areacommissions/>. You may also contact the Neighborhood Liason for the area where the site is located.
- The applicant must arrange to meet with the group identified above, and obtain a written recommendation prior to the public hearing.
- Be advised that the applicant will be assessed additional fees for requests for tabling, reconsideration, amended proposals, etc. These fees are listed on the Department of Building and Zoning Services website.
- The City of Columbus makes no determination whether a property contains area(s) that might be classified as wetlands by the Army Corps of Engineers and the Ohio Environmental Protection Agency; nor does approval at the public hearing imply the site has complied with wetlands guidelines. It is the applicant's responsibility to determine if wetlands exist on the site.
- A traffic impact and/or access study may be required by the Department of Public Service, Division of Planning and Operations; the applicant should make contact for this determination as early as possible. All traffic studies must be submitted forty-five (45) days prior to the deadline for the public hearing agenda.
- For properties undergoing annexation, applications cannot be accepted until the County Commissioners have approved the annexation petition.
- All zoning legislation passed by City Council becomes effective thirty (30) days after passage unless amended to emergency with the approval of the City Clerk's Office. Applicants should contact the City Clerk's Office at 614-645-7380 for information about requesting emergency legislation. Board of Zoning Adjustment and Graphics Commission actions are effective immediately. Applications for building permits may not be submitted until the legislation is effective.
- Other permits, clearances, and/or licenses may be required.

---

**PLEASE NOTE: Incomplete information will result in the rejection of this submittal.**

Applications must be submitted by appointment. Call 614-645-4522 to schedule.

# Board of Zoning Adjustment Schedule

757 Carolyn Avenue, Columbus, Ohio 43224  
Phone: 614-645-7433 • [www.bzs.columbus.gov](http://www.bzs.columbus.gov)

---

Applications must be submitted by appointment. Call 645-4522 for Public Hearings staff to schedule.

## **CUTOFF**

November 13, 2017

December 18, 2017

January 16, 2018

February 12, 2018

March 12, 2018

April 16, 2018

May 14, 2018

June 18, 2018

July 16, 2018

August 13, 2018

September 17, 2018

October 9, 2018

November 12, 2018

December 17, 2018

## **HEARING DATE**

(Earliest Possible)

January 23, 2018

February 27, 2018

March 27, 2018

April 24, 2018

May 22, 2018

June 26, 2018

July 24, 2018

August 28, 2018

September 25, 2018

October 23, 2018

November 27, 2018

December 18, 2018

January 22, 2019

February 26, 2019

# Standardized Recommendation Form

DEPARTMENT OF BUILDING  
AND ZONING SERVICES

757 Carolyn Avenue, Columbus, Ohio 43224  
Phone: 614-645-7433 • www.bzs.columbus.gov

---

**FOR USE BY: AREA COMMISSION / COMMUNITY GROUP / HISTORIC ARCHITECTURAL REVIEW**

**Case Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**Group Name** \_\_\_\_\_

**Meeting Date** \_\_\_\_\_

- Specify Case Type**
- BZA Variance / Special Permit**
  - Council Variance**
  - Rezoning**
  - Graphics Variance / Plan / Special Permit**

- Recommendation** (Check only one)
- Approval**
  - Disapproval**

**NOTES:**

---

---

---

---

---

---

---

---

---

---

**Vote** \_\_\_\_\_

**Signature of Authorized Representative** \_\_\_\_\_

**Recommending Group Title** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_

Please **e-mail** this form to **the assigned planner within 48 hours of meeting day**; OR **FAX** to Zoning at (614) 645-2463; OR **MAIL** to: Zoning, City of Columbus, Department of Building & Zoning Services, 757 Carolyn Avenue, Columbus, Ohio 43224.

---

**PLEASE NOTE: Incomplete information will result in the rejection of this submittal.**  
Applications must be submitted by appointment. Call 614-645-4522 to schedule.