

# Board of Zoning Adjustment Application

DEPARTMENT OF BUILDING  
AND ZONING SERVICES

111 N Front Street, Columbus, Ohio 43215  
Phone: 614-645-4522 • ZoningInfo@columbus.gov • www.columbus.gov/bzs

OFFICE USE ONLY

Application Number: BZA25-007 Date Received: 01/21/2025  
Assigned Planner: Dane Kirk Fee: \$350  
Contact Information: DEKirk@columbus.gov; 614-645-7973  
Comments: February 6, 2025 Staff Meeting

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

Variance  Special Permit

**Project Description:**

Expanding the second floor of the house, expanding the finished attic space taking the house from 2.5 stories to 3 stories

**LOCATION**  Check here if listing additional parcel numbers on separate page

Certified Address: 376 E Deshler Ave City: Columbus Zip: 43206

Parcel Number(s): 010-033418-00

Neighborhood Group: Columbus South Side Area Com. Current Zoning: Columbus R-2F

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

Applicant Name: Evan Little Phone: 614-459-7211 Ext: \_\_\_\_\_

Address: 3505 W Dublin Granville Rd City/State: Columbus, OH Zip: 43235

Email Address: clittle@davefox.com Fax Number: \_\_\_\_\_

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

Name: Joyce Salizzoni & Michael Brachocki Phone: (724) 504-8173 Ext: \_\_\_\_\_

Address: 376 E Deshler Ave City/State: Columbus, OH Zip: 43206

Email Address: mjbbrach@gmail.com Fax Number: \_\_\_\_\_

**AGENT** (Check one if applicable)  Attorney  Agent  Licensed Architect or Engineer  Landscape Architect

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

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

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

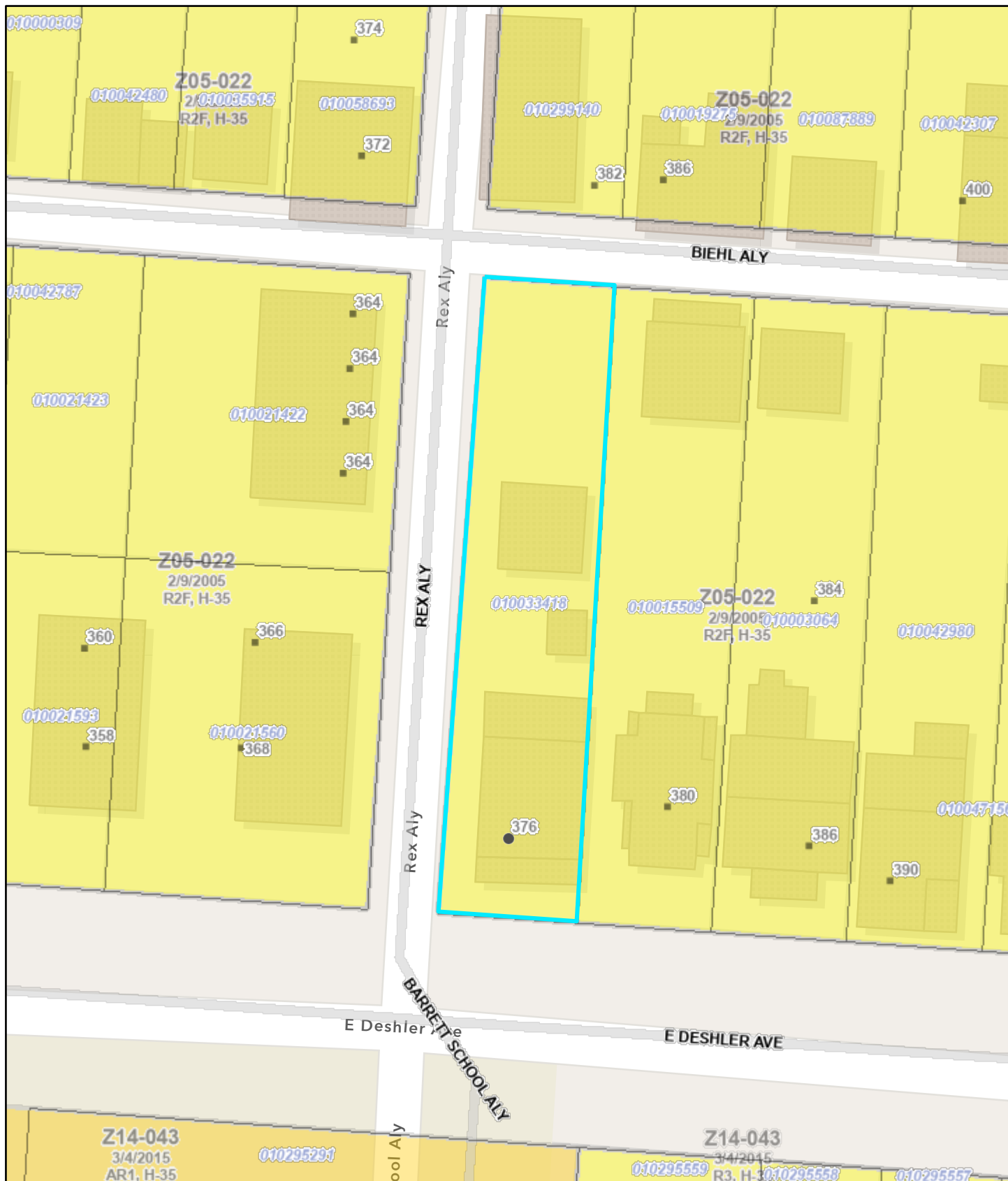
**SIGNATURES**

APPLICANT SIGNATURE Evan Little

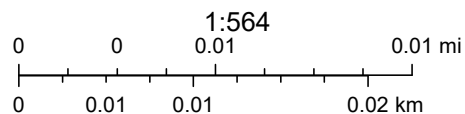
PROPERTY OWNER SIGNATURE Joyce Salizzoni

AGENT SIGNATURE \_\_\_\_\_

# 376 E. Deshler Avenue



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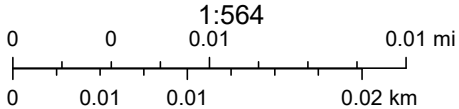


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# 376 E. Deshler Avenue



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## STATEMENT IN SUPPORT OF VARIANCE(S)

### 3307.09 Variances by Board.

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.**

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. Please answer in detail the following and check either Y or N.

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.

Yes  No

Without a variance, the project is not feasible.

2. Whether the variance is substantial.

Yes  No

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.

Yes  No

The exterior design preserves existing and clearly defines the addition with materials that are in use in the neighborhood with the most obvious example to the direct rear of subject property there is a newer infill project with a similar facade.

4. Whether the variance would adversely affect the delivery of governmental services (e.g., water, sewer, refuse service).

Yes  No

5. Whether the property owner purchased the property with knowledge of the zoning restriction.

Yes  No

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6. Whether the property owner's predicament feasibly can be obviated through some method other than a variance.  
 Yes  No

Not that we are aware of.  
\_\_\_\_\_  
\_\_\_\_\_

7. Whether the spirit and intent behind the zoning requirement would be observed and substantial justice done by granting the variance.  
 Yes  No

We also have the benefit of Rex Alley along the West side yard to help with any EMS access concerns.  
\_\_\_\_\_  
\_\_\_\_\_

**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.

**I have read the foregoing and believe my application for relief from the requirements of the Zoning Code demonstrates practical difficulty as contemplated by C.C. 3307.09(A), in the following ways (use separate page if needed or desired):**

Per 3332.26(F) Notwithstanding the provisions of subsections (A), (B), (C), or (D), as the case may be, and (E) above, where a building exceeds two and one-half stories in height, the minimum side yard shall be not less than one-sixth of the height of the building and never less than the minimum requirement of subsections (A), (B), (C), or (D), whichever is appropriate, and (E) above.  
\_\_\_\_\_

Subject property's existing side yard setbacks are ~8.45' on the West and ~3' on the East. With the conversion of the 2.5 story to a 3 story and a proposed new building height of no more than approximately 31'-6", a new side yard setback of 5.25' is required, which we are unable to satisfy on the East side yard.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: 

Date: 1/21/25

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## AFFIDAVIT

STATE OF OHIO  
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (1) NAME Evan Little  
of (1) MAILING ADDRESS 3505 W Dublin Granville Rd, Columbus, OH 43235  
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 PROPERTY ADDRESS 376 E Deshler 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

SUBJECT PROPERTY OWNER'S NAME  
AND MAILING ADDRESS

(3) Joyce Salizzoni & Michael Brachocki  
376 E Deshler Ave  
Columbus, OH 43206

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

Evan Little  
614-459-7211

NEIGHBORHOOD GROUP  
ZONING CHAIR OR CONTACT PERSON  
AND EMAIL ADDRESS

(4) Columbus South Side Area Commission  
Kathy Green  
Kathrynfgreen@gmail.com

and that the attached document (5) 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.

SIGNATURE OF AFFIANT 

Sworn to before me and signed in my presence this 20 day of January, in the year 2025

SIGNATURE OF NOTARY PUBLIC  My Commission Expires 3.25.29

Notary Seal Here



Brenda Ruf  
Notary Public, State of Ohio  
My Commission Expires:  
March 25, 2029

*This Affidavit expires six (6) months after date of notarization.*

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## 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.

STATE OF OHIO  
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) Evan Little

of (COMPLETE ADDRESS) 3505 W Dublin Granville Rd, Columbus, OH 43235

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

Joyce Salizzoni & Michael Brachocki

376 E Deshler Ave, Columbus, OH 43206

\_\_\_\_\_  
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\_\_\_\_\_

SIGNATURE OF AFFIANT



Sworn to before me and signed in my presence this

20

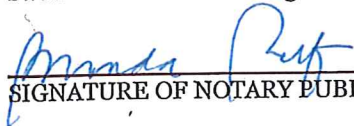
day of

January

, in the

2025

SIGNATURE OF NOTARY PUBLIC



My Commission Expires

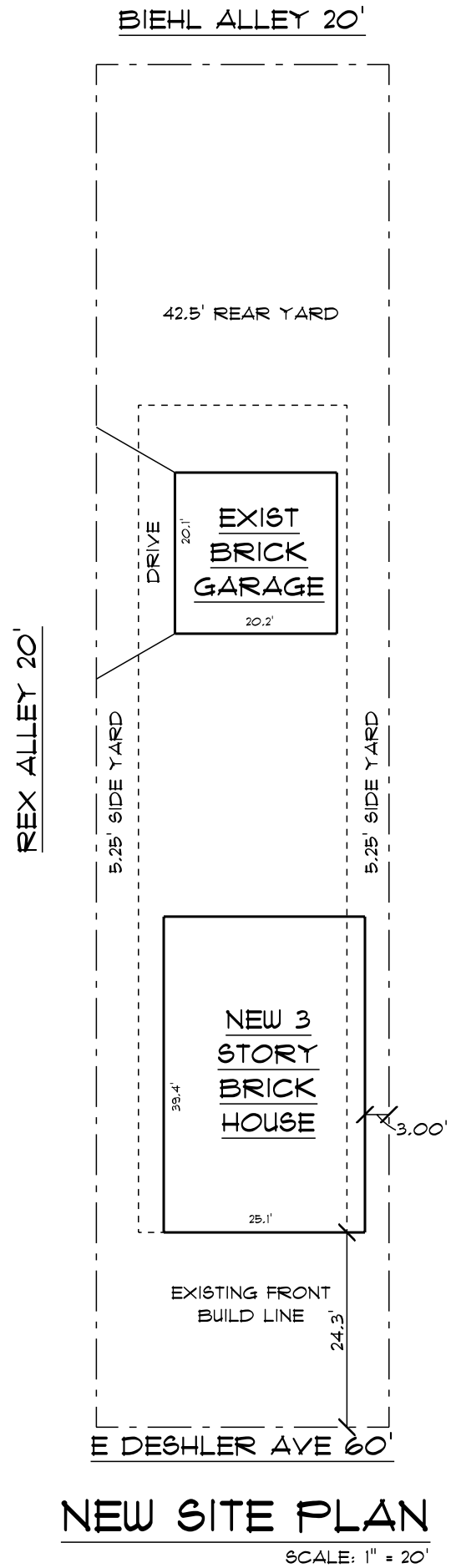
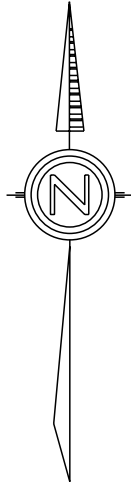
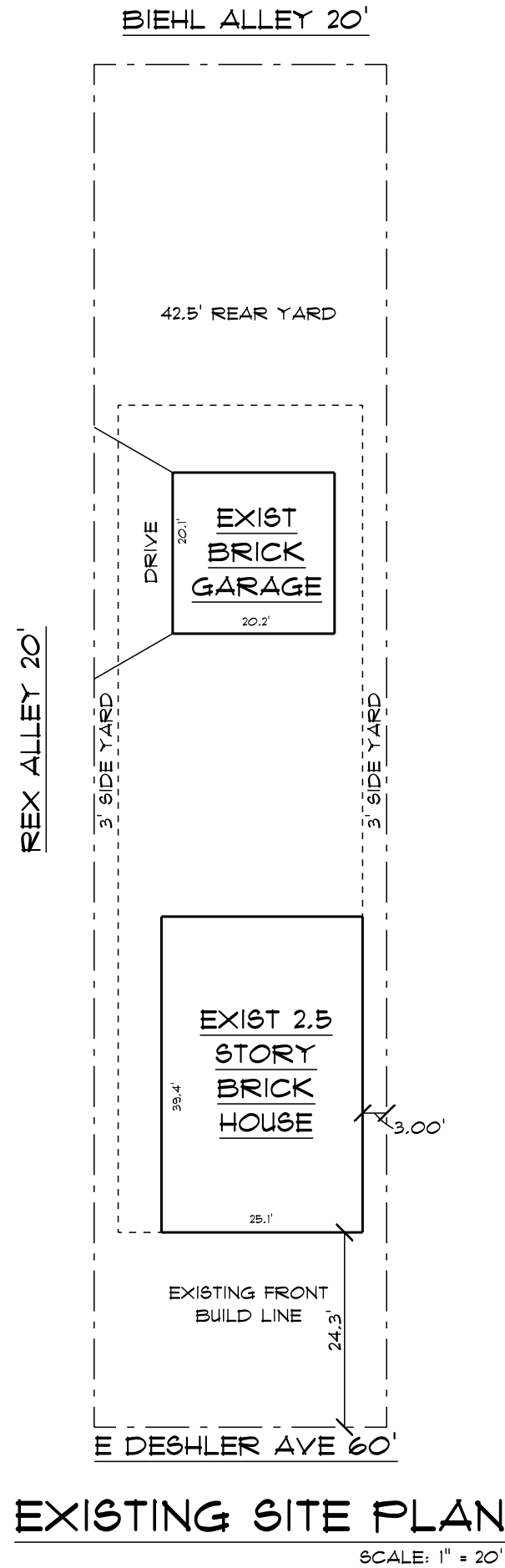
3.25.29

Notary Seal Here



Brenda Ruf  
Notary Public, State of Ohio  
My Commission Expires:  
March 25, 2029

**This Project Disclosure Statement expires six (6) months after date of notarization.**



EXISTING WALLS ARE  
DIMENSIONED TO DRYWALL  
NEW WALLS ARE DIMENSIONED  
TO THE STUD,  
UNLESS NOTED OTHERWISE

Scale: 1/4" = 1' (unless otherwise noted)

MICHAEL BRACHOCKI & JOYCE SALIZZONI RESIDENCE  
376 E DESHLER AVE, COLUMBUS, OH 43206

DESIGNED BY:  
EVAN LITTLE  
ID BY:  
T.B.D.  
PM BY:  
T.B.D.  
JOB # 2416606  
FOR PERMIT 01.16.25  
SITE PLAN

SHEET #  
1 of 1

A-O

Approved by:

Owner:

Date:

Owner:

Date:

**DAVE FOX**  
DESIGN • BUILD • REMODELERS  
3505 W. Dublin-Granville Rd, Columbus, OH 43235 www.davefox.com 614-459-7211

## Ohio Limited Power of Attorney

BE IT ACKNOWLEDGED that I, Joyce Salizzoni (Full Name), of \_\_\_\_\_, the undersigned, do hereby grant a limited and specific power of attorney to Evan Tyler Little (Full Name), of 212 DIRECTORS CT., WESTERVILLE, OH 43081, (614) 707-2267 Address Phone as my attorney-in-fact.

Said attorney-in-fact shall have full power and authority to undertake and perform only the following acts on my behalf:

1. Submit zoning variance application for 376 E. Deshler Ave.
2. Execute necessary documents related to the zoning application.
3. Representation before any applicable municipal department hearing or meetings as needed.

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in its discretion deems advisable.

This power of attorney is effective upon execution. This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my attorney-in-fact until in receipt of actual notice of revocation.

Signed this 17 day of JANUARY, 2025.

Joyce Salizzoni

State of ~~Ohio~~ PENNSYLVANIA  
County of UNION

This document was acknowledged before me on 01/17/25 (Date), by Joyce Ellen Salizzoni (Name of Principal).

Chris D. Barone  
Signature of Notary  
My commission expires: April 23, 2027

Commonwealth of Pennsylvania - Notary Seal  
Chris D. Barone, Notary Public  
Union County  
My commission expires April 23, 2027  
Commission number 1007119  
Member, Pennsylvania Association of Notaries

## Ohio Limited Power of Attorney

BE IT ACKNOWLEDGED that I, Michael Brachacki (Full Name), of \_\_\_\_\_, the undersigned, do hereby grant a limited and specific power of attorney to Evan Tyler Little (Full Name), of 212 DIRECTORS CT., WESTERVILLE, OH 43081, (614) 707-2267 of \_\_\_\_\_ Address Phone as my attorney-in-fact.

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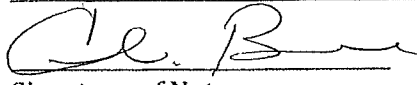
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State of ~~Ohio~~ PENNSYLVANIA  
County of UNION

This document was acknowledged before me on 01/17/25 (Date), by MICHAEL JOHN BRACHACKI (Name of Principal).



Signature of Notary  
My commission expires: APRIL 23, 2027

Commonwealth of Pennsylvania - Notary Seal  
Chris D. Barone, Notary Public  
Union County  
My commission expires April 23, 2027  
Commission number 1007119  
Member, Pennsylvania Association of Notaries