

BOARD OF ZONING ADJUSTMENT APPLICATION

City of Columbus, Ohio • Department of Building & Zoning Services

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

OFFICE USE ONLY

Comments: _____

Date Received: _____

Date of Hearing: _____

Zoning Fee: _____

Existing Zoning _____

Commission/Group: _____

Planning Area: _____

Acreage: _____

Address Fee _____

Accepted by _____

TYPE(S) OF ACTION REQUESTED

(Check all that apply)

☐ Variance

☐ Special Permit

Indicate what the proposal is and list applicable code sections. State what it is you are requesting.

LOCATION

1. Certified Address Number and Street Name _____

City _____ State _____ Zip _____

Parcel Number (only one required) _____

APPLICANT: (IF DIFFERENT FROM OWNER)

Name _____

Address _____ City/State _____ Zip _____

Phone # _____ Fax # _____ Email _____

PROPERTY OWNER(S):

Name _____

Address _____ City/State _____ Zip _____

Phone # _____ Fax # _____ Email _____

☐ Check here if listing additional property owners on a separate page.

ATTORNEY / AGENT (CHECK ONE IF APPLICABLE)

☐ Attorney

☐ Agent

Name _____

Address _____ City/State _____ Zip _____

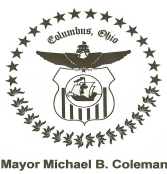
Phone # _____ Fax # _____ Email: _____

SIGNATURES (ALL SIGNATURES MUST BE PROVIDED AND SIGNED IN BLUE INK)

APPLICANT SIGNATURE _____

PROPERTY OWNER SIGNATURE _____

ATTORNEY / AGENT SIGNATURE _____



BOARD OF ZONING ADJUSTMENT APPLICATION

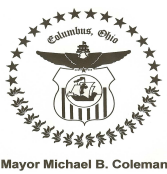
City of Columbus, Ohio • Department of Building & Zoning Services

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

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**
- ☐ **Notarized Affidavit Form and Label Sets**
- ☐ **Notarized Project Disclosure Statement**
- ☐ **Statement of Hardship**
- ☐ **Address Card** (or City address history showing current use)
The source for address card is the Columbus Department of Public Service, Division of Planning & Operations; 109 N Front Street, 3rd 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 bearings and distances, referencing the centerline intersection of two public streets. (Acceptance of subdivision lot numbers with corresponding plat map copies is contingent upon staff review.)
- ☐ **Location Maps (E-plot and A-plot maps)**
Location maps shall consist of subject site outlined or highlighted on an E-plot and on an A-plot using ALL data layers. Location maps must be to engineer's scale. E-plot and A-plot maps are available from the Franklin County Auditor's Map Room; 373 South High Street, 19th floor; Columbus, Ohio 43215, Phone [614] 525-4663. If in another county a comparable map must be obtained.
- ☐ **Site Plan**
The site plan must be drawn to common, measurable scale and provide applicable information as itemized on the attached Site Plan checklist. EACH application set must include a 2'x 3' original scale plan and an 8-1/2" x 11" reduction for a total of two sets. Additional copies may be required for applications within areas of overlapping review. Floor plans and elevations may also be required.
- ☐ **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.
- ☐ **Zoning Orders**
If this application is being made due to 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
 - 1-3 dwelling units, per dwelling unit, for residential uses \$ 315.00
 - All other uses \$1,900.00



BOARD OF ZONING ADJUSTMENT APPLICATION

City of Columbus, Ohio • Department of Building & Zoning Services
757 Carolyn Avenue, Columbus, Ohio 43224 • Phone: 614-645-7433 • www.columbus.gov

AFFIDAVIT

(See next page for instructions)

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (1) NAME _____
of (1) MAILING ADDRESS _____
deposed 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
for which the 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) _____
AND MAILING ADDRESS _____

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

AREA COMMISSION OR CIVIC GROUP (5) _____
AREA COMMISSION ZONING CHAIR OR _____
CONTACT PERSON AND ADDRESS _____

and that the following 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:

(6) PROPERTY OWNER(S) NAME (6A) ADDRESS OF PROPERTY (6B) PROPERTY OWNER(S) MAILING ADDRESS

☐ (7) Check here if listing additional property owners on a separate page.

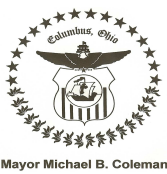
SIGNATURE OF AFFIANT (8) _____

Subscribed to me in my presence and before me this _____ day of _____, in the year _____

SIGNATURE OF NOTARY PUBLIC (8) _____

My Commission Expires: _____

Notary Seal Here



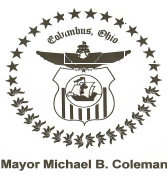
BOARD OF ZONING ADJUSTMENT APPLICATION

City of Columbus, Ohio • Department of Building & Zoning Services

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

INSTRUCTIONS FOR AFFIDAVIT

- (1) Name and address of the person who did the research at the Court House. It is important that the person who does the research is the same person who signs the notarized affidavit.
- (2) Address of the property as indicated on the address card from the Department of Public Service, Division of Planning & Operations; 109 N. Front Street, 3rd 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 should be the same as the “Property Owner(s)” shown on the application.)
- (5) Fill in the appropriate Area Commission/Civic Group and complete address. This information can be obtained by contacting Michael Puckett, Manager; Neighborhood Liaisons at (614) 645-3219.
- (6) From the same records as in Item #4, enter the name and complete mailing address (including zip code) of the owners of all property located within 125 feet of the property lines identified and sworn in Item #2 above. This includes 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. If a property within the required 125 foot notice area is undeveloped and no address is available, indicate “undeveloped”.
 - (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. Indicate “unavailable” if the actual property owners address cannot be determined.
- (7) Check appropriate line to indicate if a continuation sheet of property owners is attached. (If more space is needed for a continuation sheet, a plain white sheet of paper with the additional property owners listed in the same format will be sufficient.)
- (8) This form must be signed in the presence of a Notary Public.
- (9) Please submit 2 label sets (in Avery #5160 format) and 1 master set on paper listing the names and complete address of:
 - (9A) The applicant as listed in item #2 and #3 on the front page of this application,
 - (9B) Item #4 on this affidavit,
 - (9C) Item #5 on this affidavit, and
 - (9D) The names and complete address of the real property owner(s) listed in the first column of Item #6 on this affidavit.
 - (9E) Mailing Labels:
 - A. Use Zip Codes
 - B. Use All Caps
 - C. Machine Print or Typewritten ONLY (*No Handwritten or Script*)
 - D. Omit Punctuation except the hyphen when using 9 digit zip codes.
 - E. **REMEMBER: NOTHING GOES BELOW THE CITY, STATE, AND ZIP CODE LINE**



BOARD OF ZONING ADJUSTMENT APPLICATION

City of Columbus, Ohio • Department of Building & Zoning Services

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

ZONING REVIEW CHECKLIST

INFORMATION REQUIRED FOR ZONING CLEARANCE

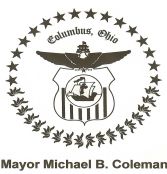
To expedite the Zoning Process, please contact the Zoning Clearance Plan Review staff at 645-8637 for an appointment. Usually that staff person will be working with you until the project receives Zoning Clearance.

Project Address _____

Date _____ Zoning Plans Examiner _____

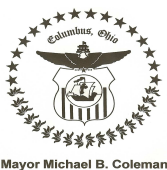
☐ **Your submittal has been found incomplete and/or insufficient and cannot be accepted for review at this time.**
No application number has been issued.

1. To apply for a building permit, fill out the Building Permit Application and submit at least three (3) complete sets of building plans with site plans attached, and fifteen (15) loose site plans.
2. To apply for a foundation start, fill out a Building Permit Application and submit two (2) complete sets of foundation plans and two (2) additional loose site plans.
3. Provide a current, original "E" size plot map with all data layers and tax map label, plotted to a standard engineering scale. Size: 30"x 36". Source: Franklin County Auditor's Office, 373 S. High Street, 19th floor. Note: For projects located in Delaware or Fairfield Counties, comparable parcel information should be obtained from the auditor's office for each county.
4. The following information must be shown on the (Zoning Clearance) Site Plan sheet(s). Note: To the extent possible, exclude non-zoning related information from the zoning site plan sheets.
 - A Site Plan, drawn and plotted to a standard engineering scale. [See item #5 for additional required details.]
 - B Site location map.
 - C Zoning District of the subject site and adjacent sites.
 - D Total area of the site in square feet, or for residential projects, list the site area in acres and density in units per acre.
 - E Square footage breakdown for reach use and the required and Provided parking breakdown. Where provided parking exceeds sixty (60) spaces, indicate the required and provided number of shade trees.
 - F Height of building(s) and/or structure(s).
 - G Flood designation, map number, and effective date. And, where they occur on the site, show the 100-year flood plain and floodway boundaries, and base flood elevations.
 - H Dumpster screening details.
 - I A note that the proposed project will comply with sections 3321.01 Dumpster; 3312.21 Landscape; 3312.19 Lighting; 3312.21 Screens; 3312.39 Striping/Marking; 3312.93 Surface; and 3312.45 Wheel Stops/Curb.
 - J All applicable rezoning limitation text, CPD or PUD text, and/or Variance text printed on site Plant sheet.
 - K Illustrations of all building façade materials and treatment, Landscaping details and/or lighting details required by all Applicable Certificate(s) of Appropriateness, rezoning, variance, or other ordinance.
 - L Attach Architectural Review, Historic Resources or Downtown Commission's Certificate of Appropriateness letter to each (Zoning Clearance) Site Plan set. All sheets stamped as part of Certificate of Appropriateness must be included in the full plan sets; each Site Plan sheet is also to be stamped and signed.
 - M For projects within the University Planning Overlay area – list and certify all required calculations. Submit stamped plans, along with Certificate of Approval.
 - N For projects within any other Planning Overlay Area including a Commercial Overlay area – show how and certify that the proposed project will meet the Overlay requirements.
 - O Verification from the Recreation and Parks Department that the requirements of the Parkland Dedication Ordinance have been met.
 - P Engineers or Architect's seal and signature must appear on each (Zoning Clearance) Site Plan sheet. Note: For projects affected by rezoning limitation texts or CPD texts, the seal and signature must appear under a statement that certifies the building and site plans meet all required test standards.
5. At least the following information must appear on each Site Plan:
 - A North arrow and scale.
 - B Label distance from a site boundary to the nearest street intersection.
 - C Label and dimension right-of-way lines, building setback, property lines, and parking setback line.
 - D Label and dimension required and proposed side and rear yards.
 - E Label existing and proposed driveway (onsite), off-site adjacent and opposing existing driveways (including the land use of the property they serve), aisle and parking space dimensions (including spaces to meet the City's Accessible Parking Space Policy), radius or flair for curb cuts.
 - F Label dimensions for loading docks/loading areas and maneuvering area.
 - G Show and label parking lot shade trees to be provided.
 - H Show and label buffer screens when required.
 - I Show and label all fences, indicating height and opacity.
 - J Show dumpsters screened on three (3) sides.
 - K Show wheel stops and/or curbs for parking.
 - L Show stacking and bypass lanes for drive-through pickups.
 - M Show and label all sidewalks required in public r.o.w.
 - N Show and Label all street trees required in public r.o.w.
 - O Show LDN contour lines and LDN number. (Day-Night sound level noise index)



BOARD OF ZONING ADJUSTMENT APPLICATION

City of Columbus, Ohio ▪ Department of Building & Zoning Services
757 Carolyn Avenue, Columbus, Ohio 43224 ▪ Phone: 614-645-7433 ▪ www.columbus.gov



BOARD OF ZONING ADJUSTMENT APPLICATION

City of Columbus, Ohio • Department of Building & Zoning Services

757 Carolyn Avenue, Columbus, Ohio 43224 • Phone: 614-645-7433 • www.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) _____
of (COMPLETE ADDRESS) _____

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

SIGNATURE OF AFFIANT _____

Subscribed to me in my presence and before me this _____ day of _____, in the year _____

SIGNATURE OF NOTARY PUBLIC _____

My Commission Expires: _____

Notary Seal Here