



# COUNCIL VARIANCE APPLICATION

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

OFFICE USE ONLY

Application Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Application Accepted By: \_\_\_\_\_ Fee: \_\_\_\_\_  
Comments: \_\_\_\_\_

### LOCATION AND ZONING REQUEST:

Certified Address (for Zoning Purposes) \_\_\_\_\_ Zip \_\_\_\_\_

Is this property currently being annexed into the City of Columbus  Yes  No

If the site is pending annexation, Applicant must show documentation of County Commissioner's adoption of the annexation petition.

Parcel Number for Certified Address: \_\_\_\_\_

Check here if listing additional parcel numbers on a separate page.

Current Zoning District(s): \_\_\_\_\_

Recognized Civic Association or Area Commission: \_\_\_\_\_

Proposed use or reason for Council Variance request: \_\_\_\_\_

Acreage: \_\_\_\_\_

**APPLICANT:** 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**  Attorney  Agent

Name \_\_\_\_\_

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email: \_\_\_\_\_

### SIGNATURES (ALL SIGNATURES MUST BE SIGNED IN BLUE INK)

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

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

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

My signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that the City staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc. may delay the review of this application.

**PLEASE NOTE:** incomplete information will result in the rejection of this submittal.  
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### COUNCIL VARIANCE 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 of Hardship
- Notarized Affidavit Form and Label Sets  
(See instructions on the form.)
- Notarized Project Disclosure Statement  
(See instructions on the form.)
- Certified Address  
The source for certified address is the Columbus Department of Public Service, Division of Planning & Operations; 109 N Front Street, 3<sup>rd</sup> 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. If more than one zoning district is requested in this application, separate legal descriptions must be submitted for each district. In addition to paper copies, submit your legal description on a CD ROM in MSWord or plain ASCII text file.
- 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, 19<sup>th</sup> 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 Engineer's scale and provide applicable information as itemized on the Zoning Review Checklist Form or Site Plan Information Required for 1-2-and-3-units Form available at <http://bzs.columbus.gov>. A total of two (2) 2' x 3' original scale plans and two (2) 8- 1/2" x 11" reductions, and a site plan saved as a TIF or PDF file submitted on a CD ROM are required.
- Application Fees [Non-Refundable]

1-3 Dwelling Units	\$ 315.00 per dwelling unit residential
All Other Variances	\$1600.00 per acre for the first acre plus \$ 160.00 for each additional acre or fraction thereof.
Maximum Fee	\$7000.00

Checks are to be made payable to: Columbus – City Treasurer

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## STATEMENT OF HARDSHIP

Chapter 3307 of the Columbus Zoning Code  
Section 3307.10 Variances by City Council

- A. Permit a variance in the yard, height, or parking requirements of any district only in conjunction with a change in zoning or a use variance and only where there are unusual and practical difficulties or unusual hardships in the carrying out of the zoning district provisions due to an irregular shape of lot, topography, or other conditions, providing such variance will not seriously affect any adjoining property or the general welfare.
- B. Permit a use of the property not permitted by the Zoning District established on the property if such use will not adversely affect the surrounding property or surrounding neighborhood and if Council is satisfied that the granting of such variance will alleviate some hardship or difficulty which warrants a variance from the Comprehensive Plan.

Before authorizing any variance from the Zoning Code in a specific case, City Council shall first determine that such variance will not impair an adequate supply of light and air to the adjacent property, unreasonably increase the congestion of Public Streets, increase the danger of fires, endanger the public safety, unreasonably diminish or impair the public health, safety, comfort, morals, or welfare of the inhabitants of the City of Columbus.

In granting a variance pursuant to this section, Council may impose such requirements and conditions regarding the location, character, duration, and other features of the variance proposal as Council deems necessary to carry out the intent and purpose of this Zoning Code and to otherwise safeguard the public safety and welfare.

**I have read the foregoing and believe my application for relief from the requirements of the Zoning Code contains the necessary hardship, will not adversely affect surrounding property owners and will comply with the variance requested as detailed below:**

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

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## AFFIDAVIT

(See next page for instructions)

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

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 CERTIFIED ADDRESS FOR ZONING PURPOSES \_\_\_\_\_

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 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)

(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*

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### 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; 109 N. Front Street, 3<sup>rd</sup> 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 19<sup>th</sup> 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 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) 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 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 appropriate. 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 appear on the list more than once please provide only one mailing label.
- (7) Please submit label information in Avery #5160 format (example provided) as one master set saved as an MS Word document on a CD ROM, plus 1 master set on paper, 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.
- (8) This form must be signed in the presence of a Notary Public.
- (9) The affidavit expires six 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.

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 in the following formats

Name of business or individual  
Business or individual's address  
Address of corporate headquarters  
City, State, Zip  
Number of Columbus based employees  
Contact name and number

1.	2.
3.	4.

Check here if listing additional parties on a separate page.

### 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*

This Project Disclosure Statement expires six months after date of notarization.

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## PRE-APPLICATION REVIEW WORKSHEET

**THIS PAGE WILL BE COMPLETED AT THE PRE-APPLICATION REVIEW MEETING BY CITY STAFF**

- Address of location of the site \_\_\_\_\_
- Annexation status \_\_\_\_\_
- Current development on the property \_\_\_\_\_
- Current zoning and legal use of the property \_\_\_\_\_  
(Attach computer record if applicable)
- Proposed use of the site \_\_\_\_\_
- Zoning Districts, Variances or Special Permit requested \_\_\_\_\_
- Total acreage of the site \_\_\_\_\_
- Site location- \_\_\_\_\_  
Attach and identify here the types of maps referenced (Zoning Map/GIS Map)
- Special development review standards:
  - Flood plain \_\_\_\_\_
  - Airport Environs Overlay \_\_\_\_\_
  - Historic Districts [HRC, Architectural Review, Listed Property] \_\_\_\_\_
  - Traffic Standards Code [Right of Way, TIS, other] ..... \_\_\_\_\_
  - Parkland (land, easements, bike paths, other) ..... \_\_\_\_\_
  - Zoning Clearance (Site plan review) \_\_\_\_\_
  - Other \_\_\_\_\_
- Review of Public Notice Affidavit requirements \_\_\_\_\_
- Adopted Area Plan or Development Policies \_\_\_\_\_  
Recommendation / Other \_\_\_\_\_
- Preliminary Review of Limitation text or planned district text standards \_\_\_\_\_
- Area Commission or other Community Group \_\_\_\_\_
- Proposed Hearing Date \_\_\_\_\_
- Cut-off Date for the Proposed Hearing Date \_\_\_\_\_
- Items to be completed or revised before submittal (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_  
(5) \_\_\_\_\_

Dan Blechschmidt, Planning & Operations Division 645-1694  
Maureen Lorenz, Dept of Recreation & Parks 645-3306

Requested Variances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments [Applicant] \_\_\_\_\_  
\_\_\_\_\_

Comments [City] \_\_\_\_\_  
\_\_\_\_\_

Staff met with \_\_\_\_\_ on \_\_\_\_\_ regarding this proposed application  
and applicant received a copy of this pre-application worksheet.

City Staff Representative \_\_\_\_\_ Date \_\_\_\_\_

Note: This **Pre-Application Review** is preliminary, based upon the information presented. This document is a tool to allow staff to become acquainted with the proposal and to identify issues relevant to the application. Additional information may be necessary after City Staff formally reviews your request.

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## STANDARDIZED RECOMMENDATION FORM

FOR USE BY: AREA COMMISSIONS / CIVIC ASSOCIATIONS / ACCORD PARTNERS

GROUP NAME \_\_\_\_\_ MEETING DATE \_\_\_\_\_

CASE NUMBER \_\_\_\_\_ Case Type  Council Variance  Rezoning

ZONING ADDRESS \_\_\_\_\_ APPLICANT \_\_\_\_\_

PERSON[S] REPRESENTING APPLICANT MEETING \_\_\_\_\_

### CONDITIONS REQUESTED BY GROUP (Add continuation sheet if needed)

Area Commission see note at the bottom.

	Applicant Response	
	Yes	No
1. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Recommendations

Approval  Disapproval  Conditional approval (list conditions and applicant response)

Explain the basis for the Approval, Disapproval or Conditional Approval below (Add continuation sheet if needed).

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

Recommending Commission / Association / Accord Partner Vote: For \_\_\_\_\_ Against \_\_\_\_\_

Signature / Title of Authorized Representative \_\_\_\_\_

Daytime phone number \_\_\_\_\_

NOTE TO AREA COMMISSIONS: Ordinances sent Council will contain only recommendations for "Approval" or "Disapproval". Recommendations for "Conditional Approval" will be treated as "Disapproval". If, at the time the ordinance is sent to Council, any condition that has checked "No" on the Standardized Recommendation Form has not been resolved as documented in writing by the recommending body or party.

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### EXAMPLE LABEL SET

#### APPLICANT

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

#### PROPERTY OWNER

Jeffery 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 St.  
Anytown, USA 10000

#### SURROUNDING PROPERTY OWNERS

Jeffery Johnson  
430 Main St.  
Anytown, USA 10000

Robert Miller  
425 Main St.  
Anytown, USA 10000

Jane Lewis  
429 Main St  
Anytown, USA 10000

Country Snaps LP  
c/o Shopping Centers Inc.  
355 Town St  
Anytown, USA 10000

Joel and Carla Nelson  
434 Main St  
Anytown, USA 10000

Susan Griffin  
505 High St  
Anytown, USA 10000

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