



CITY OF COLUMBUS

DEPARTMENT OF BUILDING AND ZONING SERVICES

One Stop Shop Zoning Report Date: Tue Feb 23 2016

General Zoning Inquiries: 614-645-8637

SITE INFORMATION

Address: 62 PARSONS AVE COLUMBUS, OH

Mailing Address: 64 PARSONS AVE

COLUMBUS OH 43215-3982

Owner: SCHWARZ HENRY Z CANDIS C

Parcel Number: 010047810

ZONING INFORMATION

Zoning: Z81-042, Commercial, CPD

effective 7/29/1981, Height District H-35

Board of Zoning Adjustment (BZA): N/A

Commercial Overlay: PARSONS AVE/ OLDE TOWNE QUARTER UCO

Graphic Commission: N/A

Area Commission: Near East Area Commission

Planning Overlay: I-670 Graphics Control

Historic District: N/A

Historic Site: No

Council Variance: N/A

Flood Zone: OUT

Airport Overlay Environs: N/A

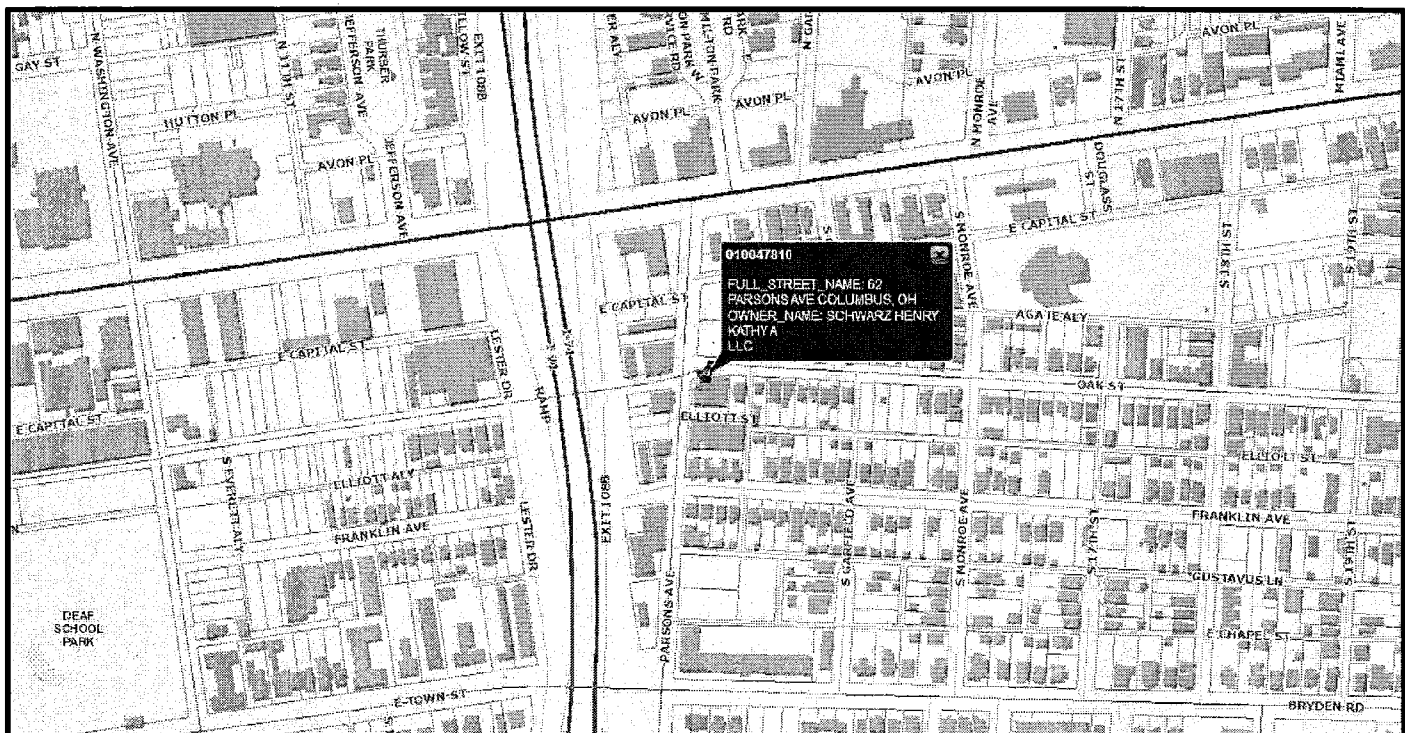
PENDING ZONING ACTION

Zoning: N/A

Board of Zoning Adjustment (BZA): N/A

Council Variance: N/A

Graphic Commission: N/A



Board of Zoning Adjustment Application

OFFICE USE ONLY

Application Number: BZA16-017 Date Received: 9 Feb. 2016
Application Accepted by: HF Fee: \$1900
Commission/Civic: ED. NEAR EAST A.C.
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:

3312.49 - Change of use from Office to BAZ
REDUCE PARKING FROM 26 TO 0

LOCATION

Certified Address: 62 Parsons Avenue City: Columbus Zip: 43215
Parcel Number (only one required): 010047810

APPLICANT (If different from Owner):

Applicant Name: Henry Schwarz Phone Number: 6144021444 Ext.: _____
Address: 64 Parsons Avenue City/State: Columbus OH Zip: 43215
Email Address: Henry@beol.net Fax Number: _____

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

Name: Henry Schwarz Phone Number: 6144021444 Ext.: _____
Address: 64 Parsons City/State: Columbus, OH Zip: 43214
Email Address: Henry@beol.net Fax Number: _____

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

Name: _____ Phone Number: _____ Ext.: _____
Address: _____ City/State: _____ Zip: _____
Email Address: _____ Fax Number: _____

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

APPLICANT SIGNATURE: Henry Schwarz
PROPERTY OWNER SIGNATURE: Henry Schwarz
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.
Please make checks payable to the Columbus City Treasurer

AFFIDAVIT

STATE OF OHIO

COUNTY OF FRANKLIN

Being first duly cautioned and sworn (1) NAME

of (1) MAILING ADDRESS

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

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

AND MAILING ADDRESS

(4)

APPLICANT'S NAME AND PHONE #

(same as listed on front application)

AREA COMMISSION OR CIVIC GROUP

AREA COMMISSION ZONING CHAIR

OR CONTACT PERSON AND ADDRESS

(5)

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 NAME

(6a) PROPERTY ADDRESS

(6b) PROPERTY OWNER MAILING ADDRESS

See attached.

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

(8) SIGNATURE OF AFFIANT

Sworn to before me and signed in my presence this

29th

day of

Jan.

in the year

2016

(9) SIGNATURE OF NOTARY PUBLIC

My Commission Expires



Notary Seal Here
Sandra K. Lucas
Notary Public, State of Ohio
My Commission Expires 04-22-2017

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STATEMENT OF HARDSHIP

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). No variance shall be granted unless the Board finds that all of the following facts and conditions exist:
1. Special circumstances or conditions apply to the subject property that do not apply, generally, to other properties in the same zoning district.
 2. The special circumstances or conditions are not the result of the actions of the property owner or applicant.
 3. The special circumstances or conditions make it necessary that a variance be granted to preserve a substantial property right of the applicant which is possessed by owners of other property in the same zoning district.
 4. The grant of a variance will not be injurious to neighboring properties and will not be contrary to the public interest or the intent and purpose of this Zoning Code.
- 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 Section 3307.09, Variances by Board, and believe my application for relief from the requirements of the Zoning Code satisfies the four criteria for a variance in the following ways:

The restaurant/bar at 115 Parsons Ave.
is being relocated to 64 Parsons Ave.
as a result of ODOT taking the
building for 70/71 project.
Owner/Applicant owns parking lot to
south providing 10 parking spots.

Signature of Applicant

Ben Schatz

Date

1/28/15

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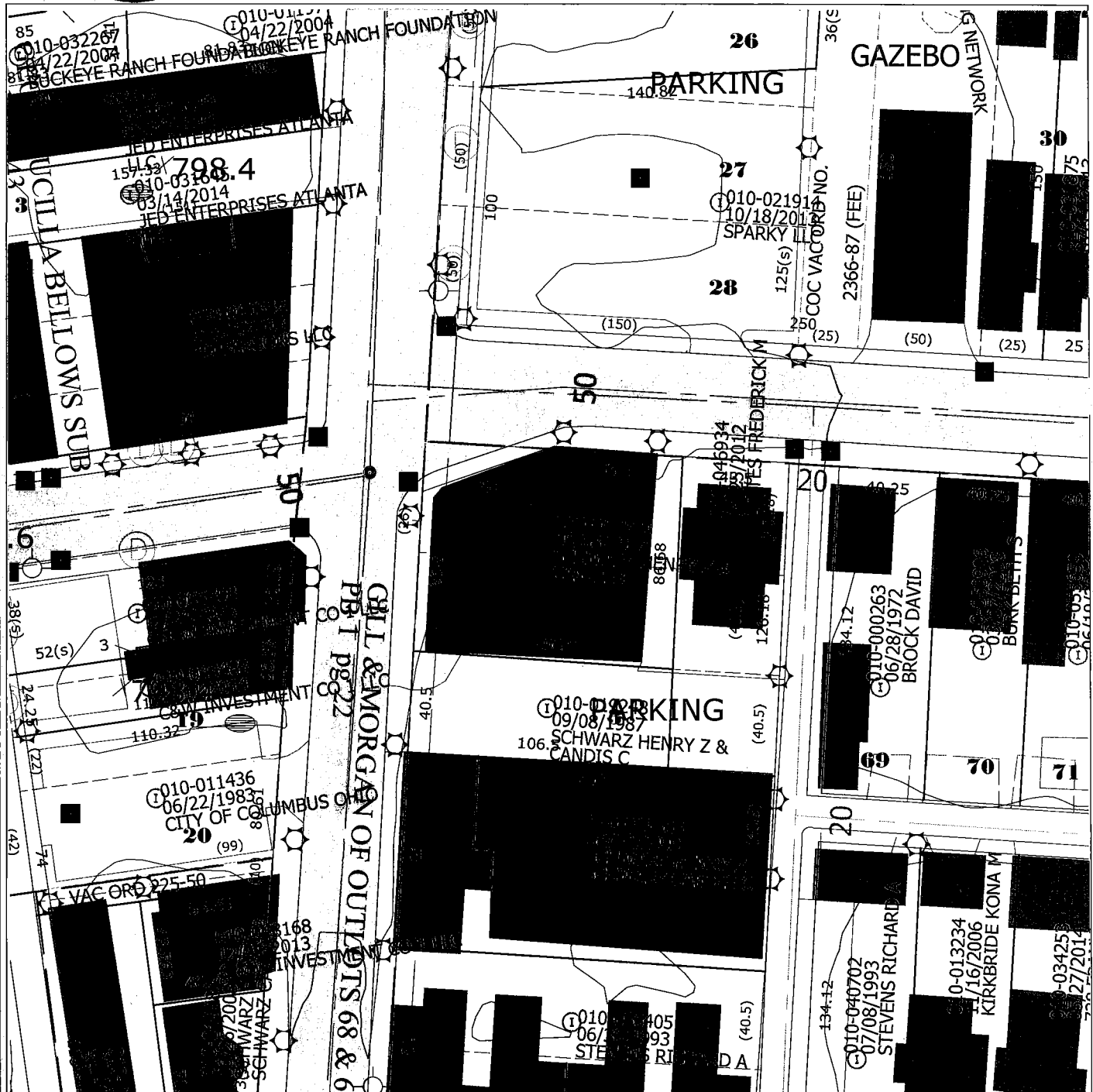
Please make checks payable to the Columbus City Treasurer



CLARENCE E MINGO II FRANKLIN COUNTY AUDITOR

MAP ID: s

DATE: 1/21/16

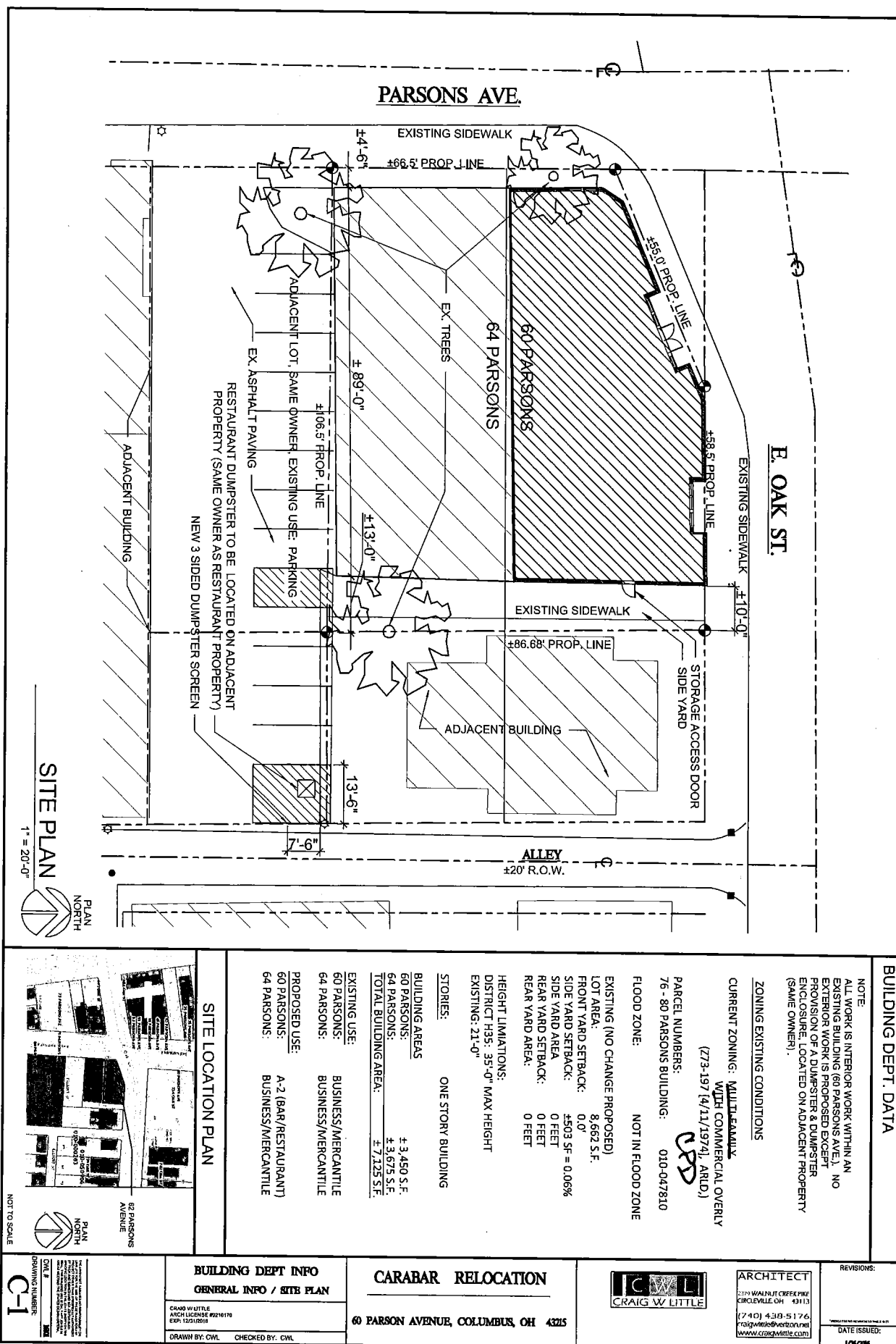


Disclaimer

Scale = 60



This map is prepared for the real property inventory within this county. It is compiled from recorded deeds, survey plats, and other public records and data. Users of this map are notified that the public primary information sources should be consulted for verification of the information contained on this map. The county and the mapping companies assume no legal responsibilities for the information contained on this map. Please notify the Franklin County GIS Division of any discrepancies.



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

Henry Schwarz

1454 Sherbrooke Columbus Ohio

Candis Schwarz

1454 Sherbrooke Columbus Ohio

43209

SIGNATURE OF AFFIANT

Henry Schwarz

Sworn to before me and signed in my presence this 29th day of Jan., in the year 2016

Sandra K. Lucas
SIGNATURE OF NOTARY PUBLIC

April 22, 2017
My Commission Expires

Notary Seal Here



Sandra K. Lucas
Notary Public, State of Ohio
My Commission Expires 04-22-2017

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