



CITY OF COLUMBUS

DEPARTMENT OF BUILDING AND ZONING SERVICES

One Stop Shop Zoning Report Date: Tue May 24 2016

General Zoning Inquiries: 614-645-8637

SITE INFORMATION

Address: 20 ARCADIA AVE COLUMBUS, OH
Mailing Address: 2736 CLUB LANE DR
COLUMBUS OH 43219-7326

Owner: RADWAN GALAL M
Parcel Number: 010065058

ZONING INFORMATION

Zoning: 753, Commercial, C4
effective 2/17/1958, Height District H-35

Board of Zoning Adjustment (BZA): N/A

Commercial Overlay: N/A

Graphic Commission: N/A

Area Commission: University Area Commission

Planning Overlay: University

Historic District: N/A

Historic Site: No

Council Variance: N/A

Flood Zone: OUT

Airport Overlay Environs: N/A

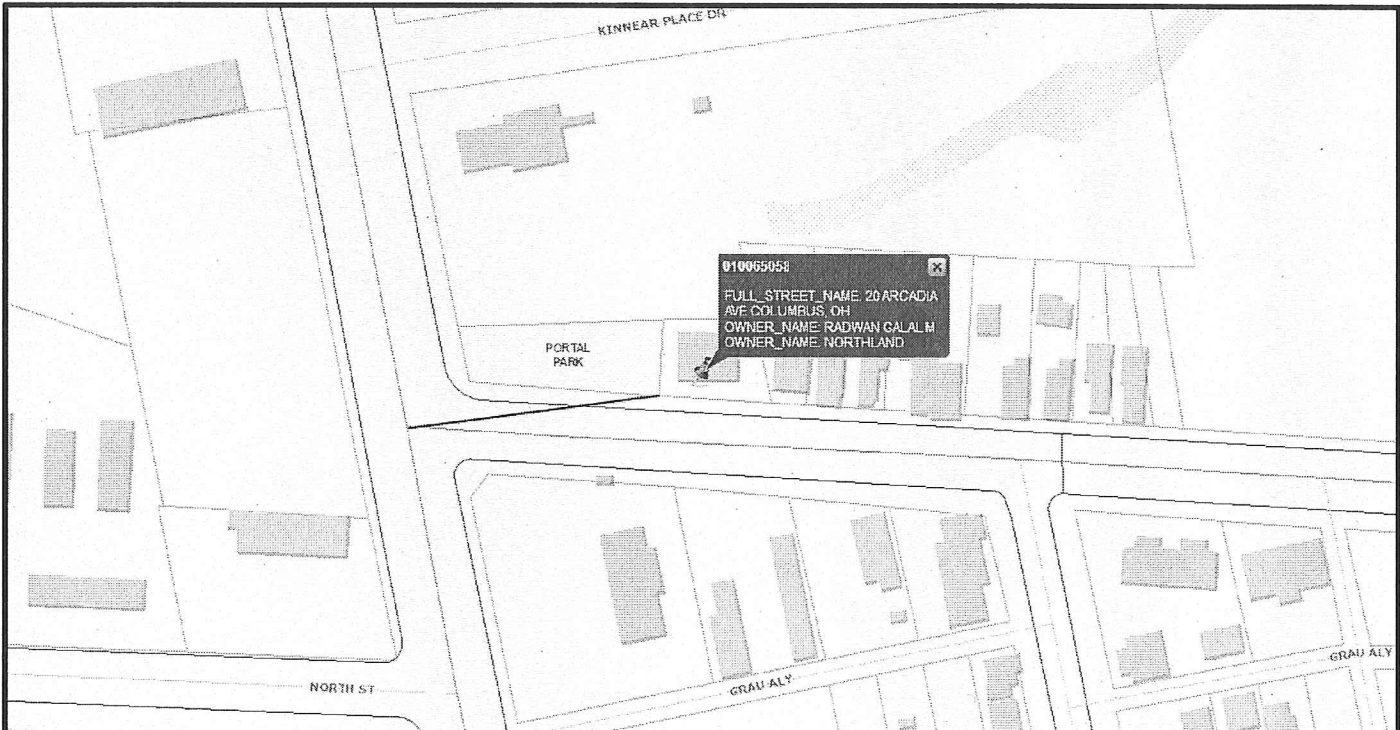
PENDING ZONING ACTION

Zoning: N/A

Board of Zoning Adjustment (BZA): 10310-00000-00570

Council Variance: N/A

Graphic Commission: N/A



THE CITY OF
COLUMBUS

ANDREW J. GINTER, MAYOR

DEPARTMENT OF BUILDING
AND ZONING SERVICES

Board of Zoning Adjustment Application

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

OFFICE USE ONLY

Application Number: BZA16-068 Date Received: 10 MAY 2016

Application Accepted by: UAC Fee: \$1900

Commission/Civic: UAC

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:

3356.11 Setback variance

to reduce FROM 25 feet to 7 feet INCHES

LOCATION

Certified Address: 20 E Arcadia Ave City: Columbus Zip: 43202Parcel Number (only one required): 010-065058

APPLICANT (If different from Owner):

Applicant Name: GALAL RADWAN Phone Number: 614 625 8157 Ext.: _____Address: 20 E Arcadia Ave City/State: Columbus Zip: 43202Email Address: saharacacolumbus@gmail.com Fax Number: _____PROPERTY OWNER(S) ☐ Check here if listing additional property owners on a separate pageName: Applicant Phone Number: _____ Ext.: _____

Address: _____ City/State: _____ Zip: _____

Email Address: _____ 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 [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.

Please make checks payable to the Columbus City Treasurer

THE CITY OF
COLUMBUS

ANDREW GANTHER, MAYOR

DEPARTMENT OF BUILDING
AND ZONING SERVICES**Board of Zoning Adjustment Application**757 Carolyn Avenue, Columbus, Ohio 43224
Phone: 614-645-7433 • www.bzs.columbus.gov**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

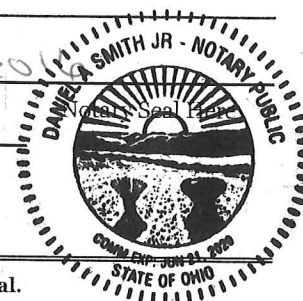
☒ (7) Check here if listing additional property owners on a separate page.

(8) SIGNATURE OF AFFIANT

Sworn to before me and signed in my presence this 9 day of May, in the year 2016

(8) SIGNATURE OF NOTARY PUBLIC

My Commission Expires



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DEPARTMENT OF BUILDING
AND ZONING SERVICES**Board of Zoning Adjustment Application**757 Carolyn Avenue, Columbus, Ohio 43224
Phone: 614-645-7433 • www.bzs.columbus.gov**STATEMENT OF HARDSHIP**

APPLICATION #

3307.09 Variances by Board.

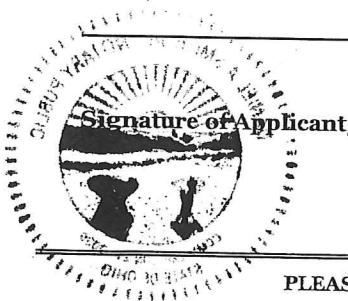
- A. The Board of Zoning Adjustment shall have the power, upon application, to grant variances from the provisions and requirements of this Zoning Code (except for those under the jurisdiction of the Graphics Commission and except for use variances under the jurisdiction of the Council). No variance 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:

3356.11 variance

reduce FROM 25 Feet to 7 ~~Feet~~ inches

renovated the Building in a great
Looking of protect ^{customers} people's Business
FROM the Mother Natures



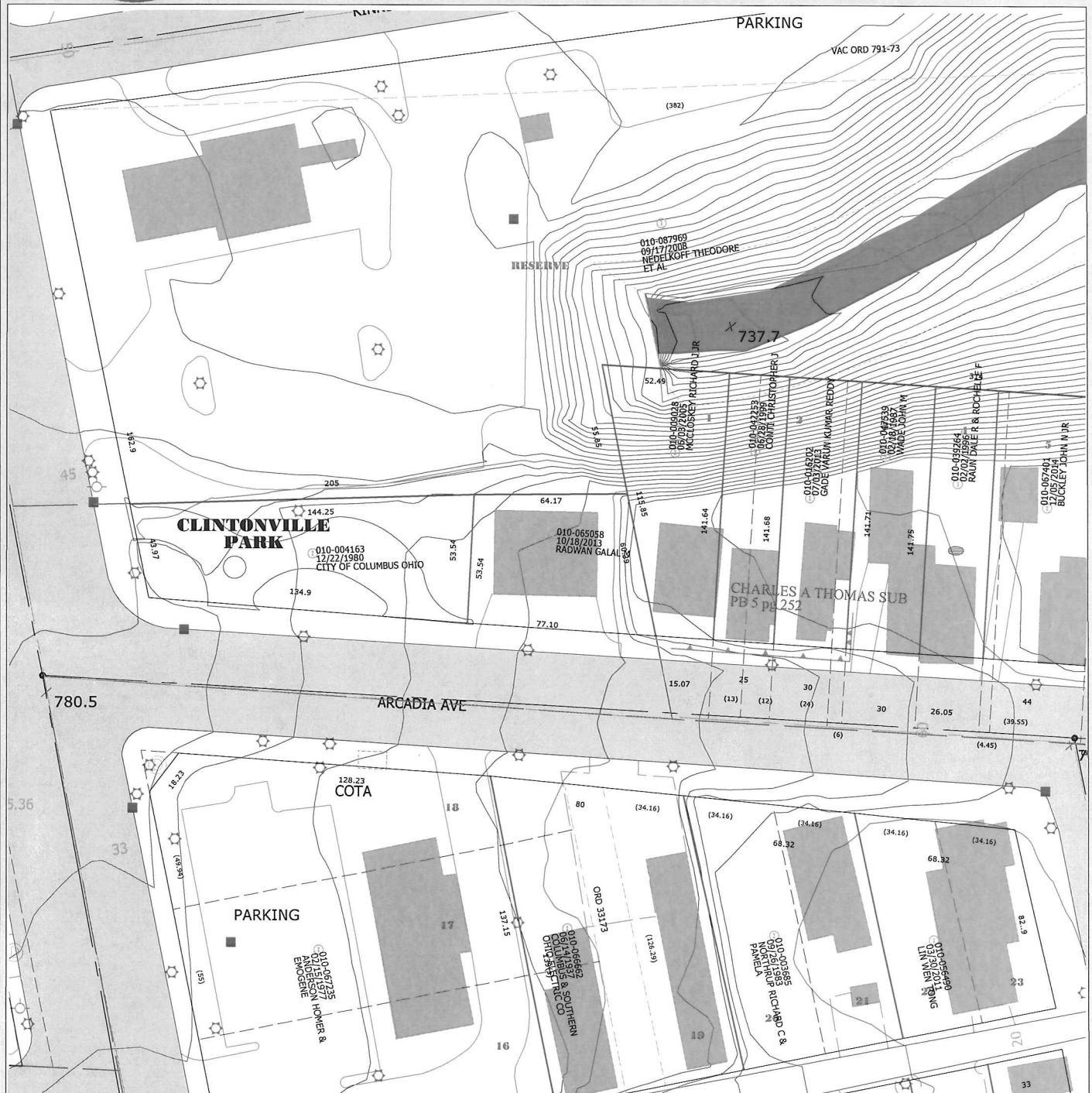
Signature of Applicant _____

Date _____

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CLARENCE E MINGO II
FRANKLIN COUNTY AUDITOR
MAP ID: S **DATE: 4/25/16**



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.

Real Estate / GIS Department

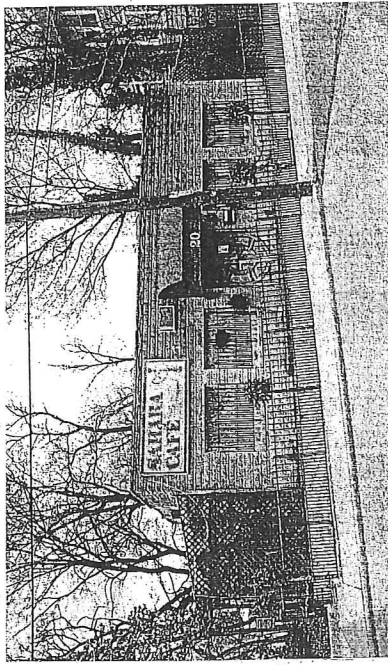
20 EAST ARCADIA AVE



ARCHITECT

10067 GRANDEN STREET NW
PICKERINGTON, OHIO 43147
ANDREWDELZOPPO@AOL.COM
614.204.3996

SITE DATA TABLE



LOCATION PLAN

PARCEL # 010-065058
ADDRESS: 20 E. ARCADIA AVE.

APPLICANT: GAI AL RADWAN
COLUMBUS, OH

1470л / 75 = 20
785 / 150 = 6

TOTAL 26

PREVIOUS VARIANTS

FOR 0 REQUIRED

1000

217
#

EXP 12/31/16

PRESENT ZONING: C4 COMMERCIAL
LAND USE: 430 RESTAURANT/CAFETERIA/BAR

LAND USE: 430 RESTAURANT/CAFETERIA
TAX DISTRICT: 010-CITY OF COLUMBIA

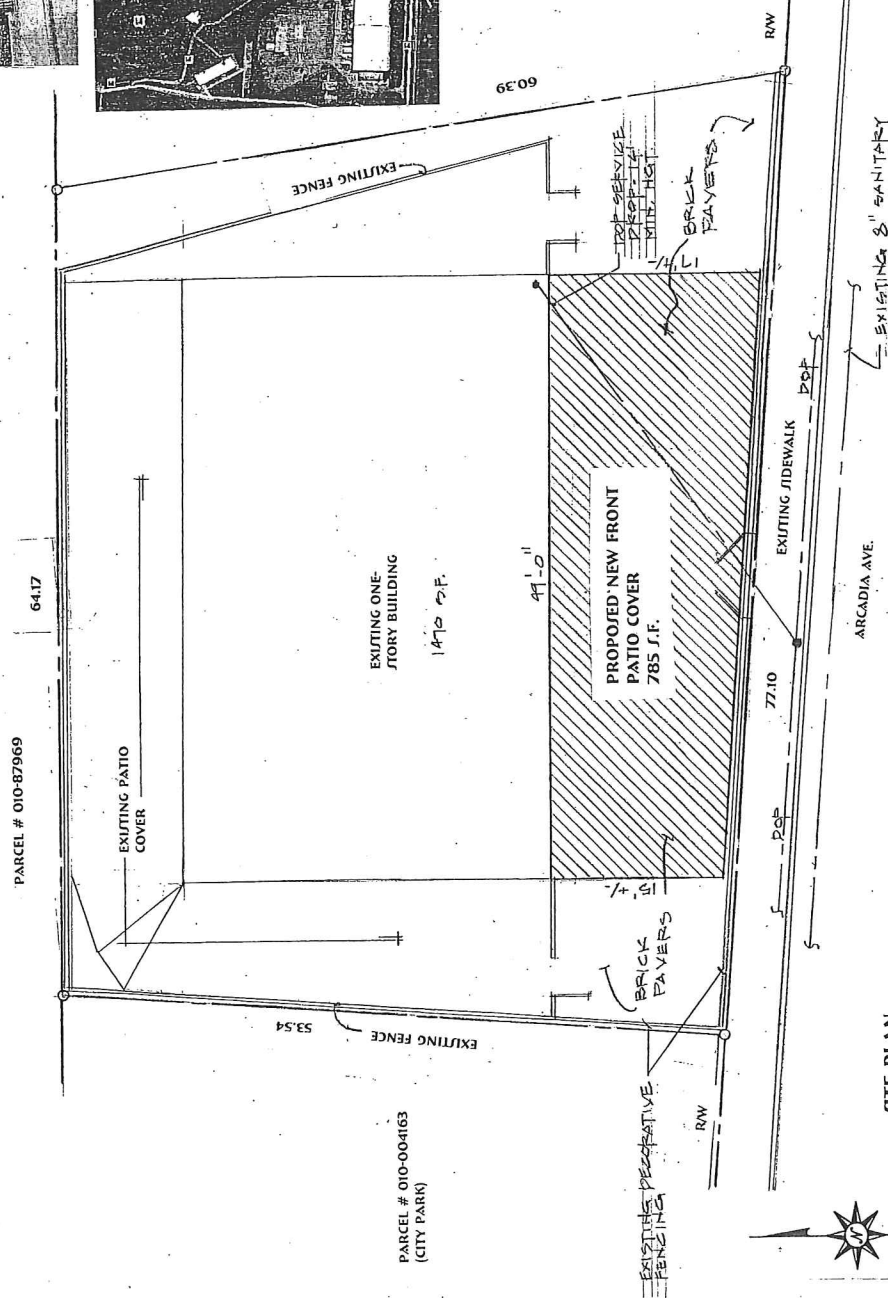
TAX DISTRICT: CITY OF COLUMBIA
EXISTING BUILDING AREA: 1470 SF

EXISTING BUILDING AREA: 1420 SF
PARCEL AREA: .10 ACRES +/-

BUILDING HEIGHT: 14' 1 STORY

PROPERTY LOCATION: APPROX 150' TO

CORNER OF HIGH STREET



1" = 10'
SITE PLAN



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DEPARTMENT OF BUILDING
AND ZONING SERVICES**Board of Zoning Adjustment Application**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.

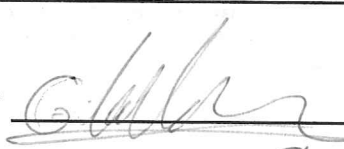

APPLICATION # _____

STATE OF OHIO
COUNTY OF FRANKLINBeing first duly cautioned and sworn (NAME) GALAL RADWAN
of (COMPLETE ADDRESS) 20 E Arcadia Ave

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

GALAL M. RADWAN20 E Arcadia Ave Columbus 43202SIGNATURE OF AFFIANT Sworn to before me and signed in my presence this 9 day of May, in the year 2016
SIGNATURE OF NOTARY PUBLIC21 June 2020
My Commission Expires

Notary Seal Here

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