

# Graphics Commission Application

DEPARTMENT OF BUILDING  
AND ZONING SERVICES

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

OFFICE USE ONLY

Application Number: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Application Accepted by: \_\_\_\_\_ Fee: \_\_\_\_\_  
Commission/Civic: \_\_\_\_\_  
Existing Zoning: \_\_\_\_\_  
Comments: \_\_\_\_\_

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

- Variance  Graphics Plan  Special Permit  Miscellaneous Graphic

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

**LOCATION**

Certified Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

**APPLICANT**

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

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

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

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

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

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

**ATTORNEY / AGENT** (Check one):  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 \_\_\_\_\_

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

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

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**Please make checks payable to the Columbus City Treasurer**

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## **GC 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** (See instructions on form)
- Notarized Affidavit Form and Label Sets** (See instructions on form)
- Notarized Project Disclosure Statement** (See instructions on form)
- Certified Address for Zoning Purposes** ("Zoning Number")  
 A certified "Zoning Number" can be obtained at the Columbus Department of Public Service, Division of Infrastructure Management. Contact: OneStopPlans@columbus.gov or 111 N. Front Street, 1st floor, Columbus, Ohio 43215, (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).
- 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 [www.bzs.columbus.gov](http://www.bzs.columbus.gov). A total of two (2) 2' x 3' original scale plans and two (2) 8-1/2" x 11" reductions are required.
- Sign Illustration**  
 A scale drawing, or other form of illustration, of each existing proposed sign, or other graphic, indicating size, copy, color, location and other information necessary to fully describe the results of the requested approval.
- Graphics Plan**  
 The documents comprising a proposed Graphics Plan, including any text and illustrations, signed and dated by the property owner.
- 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, or a sign erector licensed with the City of Columbus, 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, or a sign erector licensed with the City of Columbus, 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 the issuance of zoning violation orders, please attach a copy of the order(s).
- Application Fees (Non-Refundable)**

1-4 dwelling units, for residential uses	\$300.00
Actions related to Miscellaneous Graphics Permit	\$300.00
All other uses	\$1,500.00
Graphics Plan filed in conjunction with a rezoning or council variance	\$750.00

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## **STATEMENT OF HARDSHIP**

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

Any request for a Variance from this Graphics Code shall be heard and decided by the Graphics Commission as provided by the Graphics Code.

### **3382.05 Variance**

- A.** The Graphics Commission shall have the power, upon application, to grant a Variance from one (1) or more provisions of this Graphics Code. No Variance shall be granted unless the Commission finds that a hardship exists, based upon special physical conditions which:
  - 1. Are due to exceptional shallowness, shape, topographic conditions or other extraordinary situations peculiar to the premises itself; or
  - 2. Differentiate the premises from other premises in the same zoning district and the general vicinity; or
  - 3. Prevent a reasonable return in service, use of income compared to other conforming premises in the same district; and
  - 4. Where the result of granting the Variance will not be injurious to neighboring properties and will not be contrary to the public interest or to the intent and purpose of the Graphics Code.
- B.** In granting a Variance, the Graphics Commission may impose such requirements and conditions regarding the location, character, and other features of the *graphics* as the Commission deems necessary to carry out the intent and purpose of this Graphics Code and to otherwise safeguard public safety and welfare.
- C.** Nothing in this Graphics Code shall be construed as authorizing the Commission to affect changes in the Zoning Map or to add to the uses permitted in any district.

**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.**

**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(s) requested as detailed below (use separate page if needed or desired):**

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

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## **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 CERTIFIED ADDRESS 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 **(4)** \_\_\_\_\_  
AND MAILING ADDRESS \_\_\_\_\_

APPLICANT'S NAME AND PHONE # \_\_\_\_\_  
(same as listed on front 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)** SIGNATURE OF AFFIANT \_\_\_\_\_

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

Notary Seal Here

\_\_\_\_\_  
**(7)** SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires

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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 Infrastructure Management; 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 applicable government 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 Owners" shown on the application).
- (5) Fill in the appropriate Area Commission/Civic Association and complete contact information. Contact the Department of Neighborhoods at 614-645-1993 or go to [www.columbus.gov/areacommissions/](http://www.columbus.gov/areacommissions/) to confirm this information.
- (6) A "Variance Report" listing the surrounding property owners can be obtained at the Franklin County Auditor's office. Similar reports can also be obtained on the applicable County Auditor website. From the same records as in Item #4, enter the name and complete the 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 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.
  - (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) For owner-occupied dwelling units, please also include "or Current Occupant" after the owner(s) name.
  - (6d) If property owners appear on the list more than once, please provide only one mailing label.
- (7) **Please submit 1 sticker label set in Avery #5160 format (example provided), plus 1 master set on paper, plus 1 master set saves as an MS Word document on a storage device or e-mailed to staff in advance of filing, listing the names and complete addresses of the applicant; the property owner(s) plus one (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 Affidavit form must be signed in the presence of a Notary Public.
- (9) The Affidavit expires six (6) months after date of notarization.

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**EXAMPLE LABEL SET**

<b>APPLICANT</b>	<b>PROPERTY OWNER</b>	<b>ATTORNEY</b>
ACME Inc. C/O Brad Clark 555 Main Street Anytown, USA 10000	Jeffrey Jackson 430 Main Street Anytown, USA 10000	John W. Smith Law Office LP 123 Main Street Anytown, USA 10000
<b>AREA COMMISSION OR NEIGHBORHOOD GROUP</b>		
Civic Group c/o Zoning Chair Person 100 Main Street Anytown, USA 10000		
	<b>SURROUNDING PROPERTY OWNERS</b>	
Jeffrey Johnson/or current occupant 430 Main Street Anytown, USA 10000	Robert Miller/or current occupant 425 Main Street Anytown, USA 10000	Jane Lewis/or current occupant 429 Main Street Anytown, USA 10000
Country Snaps LP/or current occupant c/o Shopping Centers Inc. 355 Town Street Anytown, USA 10000	Joel and Carla Nelson/ or current occupant 434 Main Street Anytown, USA 10000	Susan Griffin/or current occupant 505 High Street Anytown, USA 10000

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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 and their mailing addresses:

**NAME**

**COMPLETE MAILING ADDRESS**

NAME	COMPLETE MAILING ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SIGNATURE OF AFFIANT \_\_\_\_\_

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

Notary Seal Here

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires

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## **PUBLIC HEARINGS APPLICATION INSTRUCTIONS**

Applications must be submitted by appointment. Call 614-645-4522 for Public Hearings staff to schedule. All applications must be submitted in **duplicate**.

### **THINGS TO REMEMBER**

- Applications are accepted by appointment only.
- Incomplete applications will NOT be accepted
- Applicants must confirm whether the subject site lies within the boundaries of an Area Commission, Historic Architectural Review Commission or recognized civic association. To obtain this information, please visit [www.cityofcolumbus.org](http://www.cityofcolumbus.org); choose Department of Development, Neighborhood Services Division, Neighborhood Liaison, then click on Area Commission or Civic Association. You may also contact the Neighborhood Liaison for the area where the site is located.
- The applicant must arrange to meet with the group identified above, and obtain a written recommendation prior to the public hearing.
- Be advised that the applicant will be assessed additional fees for requests for tabling, reconsideration, amended proposals, etc. These fees are listed on the Department of Building and Zoning Services website.
- The City of Columbus makes no determination whether a property contains area(s) that might be classified as wetlands by the Army Corps of Engineers and the Ohio Environmental Protection Agency; nor does approval at the public hearing imply the site has complied with wetlands guidelines. It is the applicant's responsibility to determine if wetlands exist on the site.
- A traffic impact and/or access study may be required by the Department of Public Service, Division of Planning and Operations; the applicant should make contact for this determination as early as possible. All traffic studies must be submitted forty-five (45) days prior to the deadline for the public hearing agenda.
- For properties undergoing annexation, applications cannot be accepted until the County Commissioners have approved the annexation petition.
- All zoning legislation passed by City Council becomes effective thirty (30) days after passage unless amended to emergency with the approval of the City Clerk's Office. Applicants should contact the City Clerk's Office at 614-645-7380 for information about requesting emergency legislation. Board of Zoning Adjustment and Graphics Commission actions are effective immediately. Applications for building permits may not be submitted until the legislation is effective.
- Other permits, clearances, and/or licenses may be required.

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## Graphics Commission Schedule

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### **CUTOFF**

November 13, 2018\*

December 10, 2018

January 14, 2019

February 11, 2019

March 11, 2019

April 16, 2019

May 21, 2019

June 18, 2019

July 16, 2019

August 20, 2019

September 17, 2019

October 15, 2019

November 12, 2019\*

December 11, 2019

### **HEARING DATE (earliest possible)**

January 15, 2019

February 19, 2019

March 19, 2019

April 16, 2019

May 21, 2019

June 18, 2019

July 16, 2019

August 20, 2019

September 17, 2019

October 15, 2019

November 12, 2019\*\*

December 17, 2019

January 21, 2020

February 18, 2020

\* *Tuesday due to holiday*

\*\* *2nd Tuesday due to holiday*

# Standardized Recommendation Form

DEPARTMENT OF BUILDING  
AND ZONING SERVICES

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**FOR USE BY: AREA COMMISSION / COMMUNITY GROUP / HISTORIC ARCHITECTURAL REVIEW**

**Case Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**Group Name** \_\_\_\_\_

**Meeting Date** \_\_\_\_\_

**Specify Case Type**

- BZA Variance / Special Permit**
- Council Variance**
- Rezoning**
- Graphics Variance / Plan / Special Permit**

**Recommendation**       **Approval**  
(Check only one)         **Disapproval**

**NOTES:**

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**Vote** \_\_\_\_\_

**Signature of Authorized Representative** \_\_\_\_\_

**Recommending Group Title** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_

Please **e-mail** this form to **the assigned planner within 48 hours of meeting day**; OR **FAX** to Zoning at (614) 645-2463; OR **MAIL** to: Zoning, City of Columbus, Department of Building & Zoning Services, 111 N Front Street, Columbus, Ohio 43215.

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