

## Zoning Report

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### Site Information

Address	1160 W BROAD ST, COLUMBUS, OH
Mailing Address	1170 W BROAD ST COLUMBUS OH 43222-1317
Owner	LOWER LIGHTS CHRISTIAN HEALTH CENTER INC
Parcel Number	010024832
In Columbus?	Yes
County	FRANKLIN

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### Zoning Information

Zoning	Z10-029, Manufacturing, LM, 5/11/2011, H-35
Council Variance	CV11-001, Passed
Board of Zoning Adjustment (BZA) Variance	None
Commercial Overlay	WEST BROAD STREET/ FRANKLINTON UCO
Planning Overlay	None
Graphics Variance	None
Area Commission	Franklinton Area Commission
Historic District	None
Historic Site	No
Flood Zone	Out
Airport Overlay Environs	None

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### Pending Zoning Action

Zoning	None
Board of Zoning Adjustment (BZA) Variance	None
Council Variance	None
Graphics Variance	None

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THE CITY OF COLUMBUS

Board of Zoning Adjustment Application

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

OFFICE USE ONLY

Application Number: BZA16-144 Date Received: 14 Nov. 2016
Application Accepted by: FRANKLINSON AC Fee: \$1900-
Commission/Civic: Existing Zoning: Comments:

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

- [X] Variance [ ] Special Permit

Indicate what the proposal is and list applicable code sections:

Parking reduction per attached site plan. Refer to 3312.49 and 3372.609.

LOCATION

Certified Address: 1160 West Broad Street City: Columbus Zip: 43222

Parcel Number (only one required): 010-024832-00

APPLICANT (If different from Owner):

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: Lower Lights Christian Health Center Inc Phone Number: 6142741455 Ext.:

Address: 1170 West Broad Street City/State: Columbus Zip: 43222

Email Address: lisa@llchc.org; dana@llchc.org Fax Number: 6142741433

ATTORNEY / AGENT (Check one if applicable): [ ] Attorney [X] Agent

Name: Triad Architects Phone Number: 6149421050 Ext.:

Address: 463 North High Street, Suite 2B City/State: Columbus Zip: 43215

Email Address: bfoley@triadarchitects.com Fax Number: 6149421059

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

APPLICANT SIGNATURE [Signature]

PROPERTY OWNER SIGNATURE [Signature]

ATTORNEY / AGENT SIGNATURE [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 BRENT T. FOLEY - TRIAD ARCHITECTS  
of (1) MAILING ADDRESS 463 NORTH HIGH STREET, SUITE 2B, COLUMBUS, OH 43215

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 1160 WEST BROAD STREET, COLUMBUS, OH 43222

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) LOWER LIGHTS CHRISTIAN HEALTH CENTER INC  
1170 WEST BROAD STREET  
COLUMBUS, OH 43222

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) FRANKLINTON AREA COMMISSION CHAIR  
JUDY BOX  
192 NORTH GUILFORD AVENUE, COLUMBUS OH 43222

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

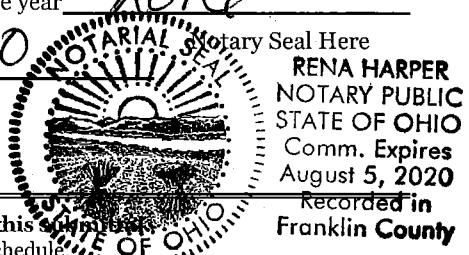
(7) Check here if listing additional property owners on a separate page.

(8) SIGNATURE OF AFFLIANT [Signature]

Sworn to before me and signed in my presence this 11<sup>th</sup> day of November, in the year 2016

(8) SIGNATURE OF NOTARY PUBLIC [Signature]

My Commission Expires 8.5.20



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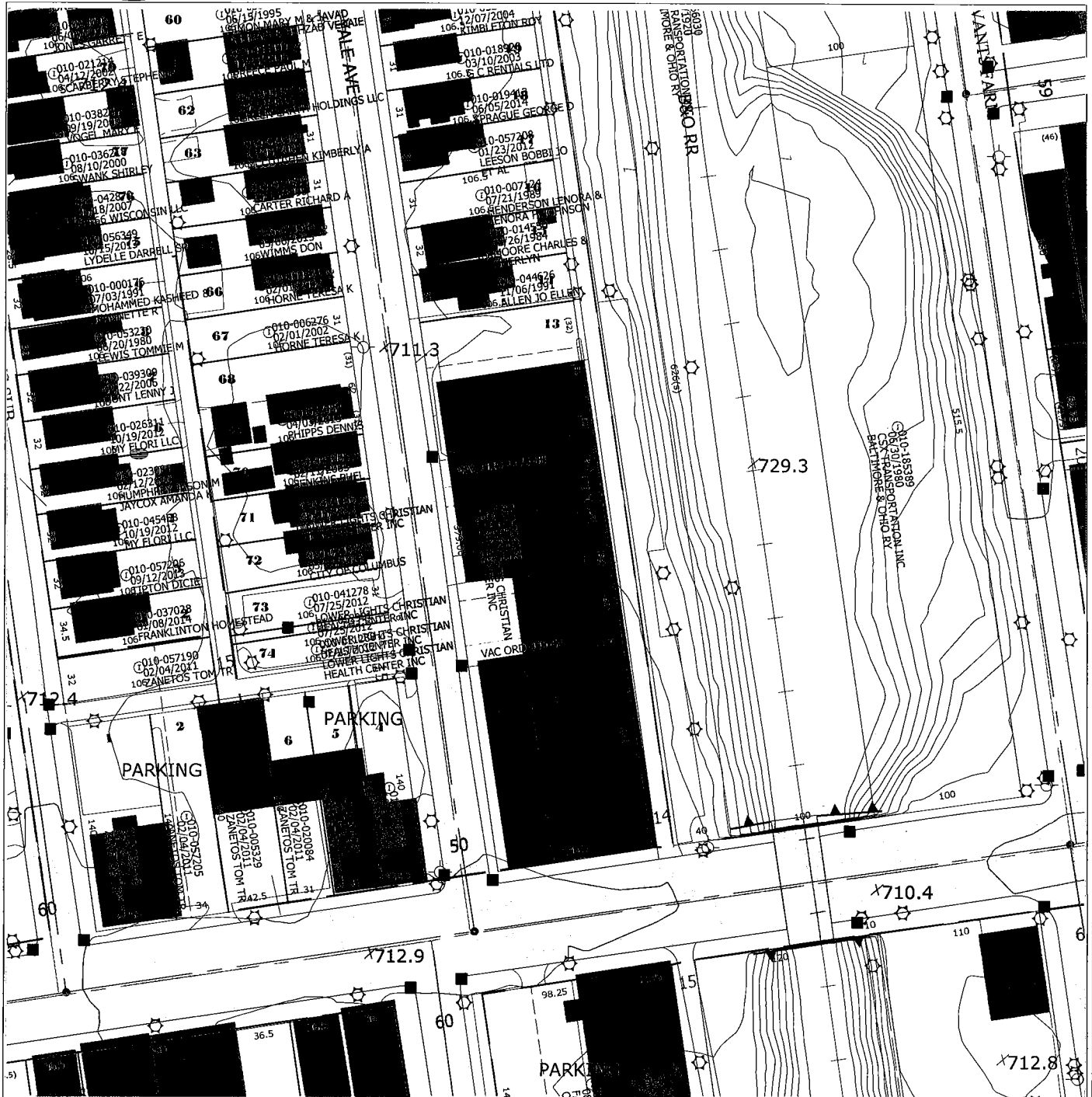




# CLARENCE E MINGO II FRANKLIN COUNTY AUDITOR

MAP ID: S

DATE: 11/8/16



Disclaimer

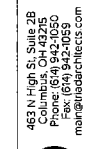
Scale = 100



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.

**1160 W BROAD ST**

**LOWER LIGHTS GROCERY MARKET AND CAFE**  
 1160 WEST BROAD STREET  
 COLUMBUS, OHIO 43215



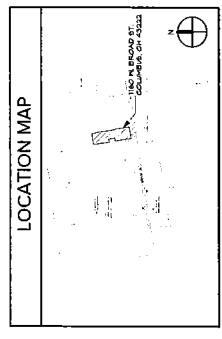
483 N. High St., Suite 2B  
 Columbus, OH 43215  
 Phone: (614) 942-1050  
 Fax: (614) 942-1059  
 mail@triadarchitects.com

Zoned RSMR District

**AS-100**  
 SITE PLAN

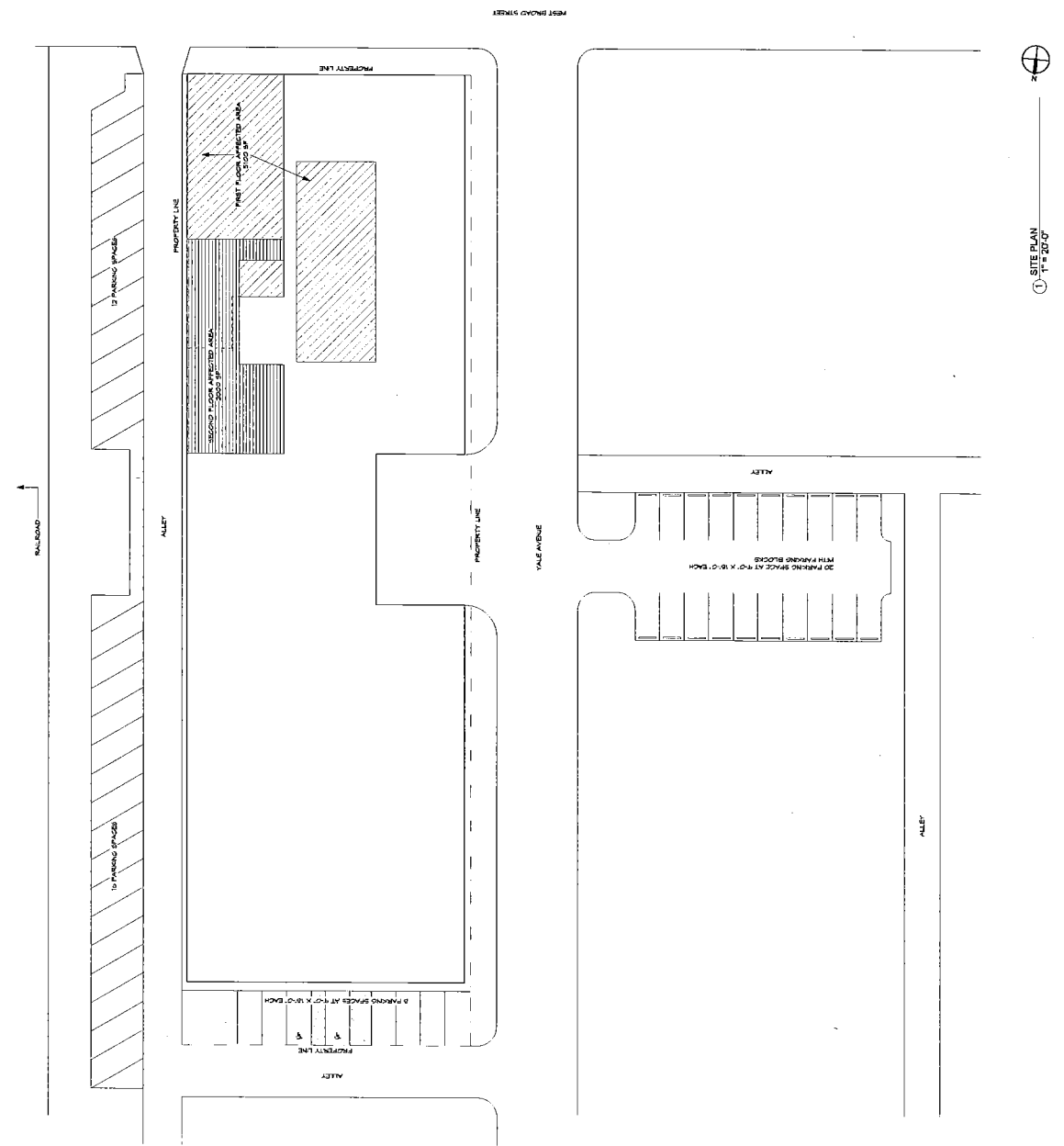
Not for Construction

Scale: 1/4" = 10'-0"  
 Checked by: BTF  
 Contract Number: 1026



**PARKING TABLE**

APPLICABLE AREA	1,100 SF
EXISTING REQUIRED PARKING	24 SPACES (1:500 SF)
REQUIRED PARKING	24 SPACES (1:500 SF)
DECK	5 SPACES
SPA REDUCTION PER STEEL-BOX	3.0 SPACES
REQUIRED PARKING REDUCTION	3 SPACES



① SITE PLAN  
 1" = 20'-0"

DEPARTMENT OF BUILDING  
AND ZONING SERVICES

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 FRANKLIN

Being first duly cautioned and sworn (NAME) BRENT FOLEY  
of (COMPLETE ADDRESS) 463 N HIGH ST., ST 2B, COLUMBUS, OH 43215

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
<u>LOWER LIGHTS CHRISTIAN HEALTH CENTER</u>	<u>1170 WEST BROAD STREET, COLUMBUS, OHIO 43222</u>

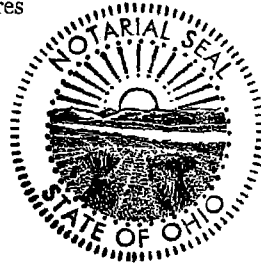
SIGNATURE OF AFFIANT [Signature]

Sworn to before me and signed in my presence this 11<sup>th</sup> day of November in the year 2016

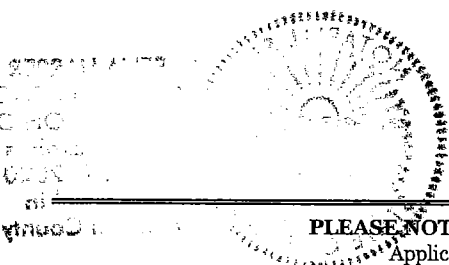
[Signature]  
SIGNATURE OF NOTARY PUBLIC

P.5.20  
My Commission Expires

Notary Seal Here



RENA HARPER  
NOTARY PUBLIC  
STATE OF OHIO  
Comm. Expires  
August 5, 2020  
Recorded in  
Franklin County



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