BZA16-144 1160 W BROAD ST

THE CITY OF COLUMB

DEPARTMENT OF BUILDING AND ZONING SERVICES

Zoning Report

Site Information

Address 1160 W BROAD ST, COLUMBUS, OH

Mailing Address 1170 W BROAD ST

COLUMBUS OH 43222-1317

LOWER LIGHTS CHRISTIAN HEALTH CENTER INC Owner

Parcel Number 010024832

In Columbus? Yes

FRANKLIN County

Zoning Information

Zoning Z10-029, Manufacturing, LM, 5/11/2011, H-35

Council Variance CV11-001, Passed

Board of Zoning Adjustment

(BZA) Variance

Commercial Overlay WEST BROAD STREET/ FRANKLINTON UCO

None

Planning Overlay None Graphics Variance None

Area Commission Franklinton Area Commission

Historic District None Historic Site Nο Flood Zone Out

Airport Overlay Environs None

Pending Zoning Action

Zoning None

Board of Zoning Adjustment

(BZA) Variance

None

Council Variance None

Graphics Variance None

BZA16-144 1160 W BROAD ST

THE CITY OF COLUMBUS

Board of Zoning Adjustment Application

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

Application Number: BZA16 - 14	-4 Date	Received: 14 Nov. 786
Application Accepted by:	Fce:_	4,900-
Commission/Civic: FEANKLINGTON		
Existing Zoning:		
Application Accepted by: Commission/Civic: Existing Zoning: Comments:		
TYPE(S) OF ACTION REQUESTED (Check all that apply):		
✓ Variance		
Indicate what the proposal is and list applicable code sections:		
Parking reduction per attached site plan. Refer to 331	2.49 and 3372.609.	
LOCATION 1160 W-st D-sed Street	Colomb	rs Zip: 43222
Certified Address: 1160 West Broad Street	est Broad Street City: Columbus	
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 addition Name: Lower Lights Christian Health Center Inc		
Address: 1170 West Broad Street	City/State: Columbus	zip: <u>43222</u>
Email Address: lisa@llchc.org; dana@llchc.org	Fax Number: 6	142741433
ATTORNEY / AGENT (Check one if applicable): Attorne		
Name: Triad Architects	Phone Number: <u>614942</u>	1050 Ext.:
Address: 463 North High Street, Suite 2B	City/State: Columbus	Zip: 43215
Email Address: bfoley@triadarchitects.com	Fax Number: <u>(</u>	5149421059
SIGNATURES (All signatures must be provided and signed in APPLICANT SIGNATURE	blue ink)	
PROPERTY OWNER SIGNATURE Was St.		
ATTORNEY / AGENT SIGNATURE		



BZA16-144 Board of Zoning Adjustment Application

COMPRESSED OF BUILDING

757 Carolyn Avenue, Columbus, Ohio 43224

	Phone: 614-645-7433	• www.bzs.co	lumbus.gov			
AFFIDAVIT						
STATE OF OHIO COUNTY OF FRANKLIN						
Being first duly cautioned and sworn (1) NAME BREN	IT T. FO	OLEY -	- TRIAD A	RCHITECTS	•
of (1) MAILING ADDRESS	- · · · · · · · · · · · · · · · · · · ·		•	• •		
deposes and states that (he/she) is the	applicant, agent, or d	luly authorize	d attorney fo	or same and the follo	wing is a list of th	ne
name(s) and mailing address(es) of al	the owners of record	of the proper	ty located at			
(2) per ADDRESS CARD FOR PROPE	ERTY 1160 W	VEST BR	0AD 57	FREET, COU	MBUS. OF	4 43222
for which application for a rezoning, v	ariance, special permi	it or graphics	plan was file	d with the Departm	ent of Building an	ıd
Zoning Services, on (3)	(THIS LINE TO	BE FILLED OU	UT BY CITY S	ΓAFF)		
	T T ()					
SUBJECT PROPERTY OWNERS NAM	AE (4)			S CHRISTIA		<u>CENTER I</u> NC
AND MAILING ADDRESS		1170 WEST BROAD STREET				
			BWS ,	OH 43222	<u>-</u>	
APPLICANT'S NAME AND PHONE #						
(same as listed on front application)		* '				
AREA COMMISSION OR CIVIC GRO	UP (5)			AREA COL	<u>UMISSION</u>	CHAIR
AREA COMMISSION ZONING CHAI	R	JUDY				
OR CONTACT PERSON AND ADDRI	ESS	192 N	ORTH GI	NILFORD AVE	NUE , COLUM	<u>n Bus Dy 432</u>
and that the following is a list of the n Auditor's Current Tax List or the feet of the exterior boundaries of the feet of the applicant's or owner's prop property:	County Treasurer property for which the	's Mailing La	ist , of all the was filed, an	e owners of record d all of the owners	d of property w	rithin 125 ithin 125
(6) PROPERTY OWNER NAME	(6a) PROPERTY	ADDRESS		(6b) PROPERTY	OWNER MAILIN	G ADDRESS
	_					
		v :				
(7) Check here if listing additions	l property owners on	a senarate nac		<u> </u>	<u>. 1</u>	
^	in property owners on	a peparate pag	50.			. '
(8) SIGNATURE OF AFFIANT			A			
Sworn of before me and signed in my	presence this // 2	M day of A	Vove M) in the year_	20110	
Syon y before the and signed in my	hresence this <u>11</u>	uay or _ <u></u>	2.	5 QO.	ARIAL Motary	Seal Here
(8) SIGNATURE OF NOTARY PUBL	IC.		ly Commissi	on Expires		RENA HARPER NOTARY PUBLIC
Author and the Committee	, her					STATE OF OHICE Comm. Expires
					V	August 5, 2020
				20%	福岡町では次海田駅 (つ 、)	Recorded in

PLEASE NOTE: Incomplete information will result in the rejection of this stars and Applications must be submitted by appointment. Call 614-645-4522 to schedule.

Please make checks payable to the Columbus City Treasurer

Franklin County

THE CITY OF COLUMBUS

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:
 - 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 br 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 Cartier and to Verience by Board and believe my application for relief from the requirement.

of the Zoning Code satisfies the four criteria for a variance in the following ways: Project is to provide a grocery store in an urban neighborhood that is not currently served by a grocery.			
Use is consistent with zoning but requires a small parking variance.	sa dy a grodory.		
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	· ··· - · · · · · · · · · · · · · · · ·		
			
Signature of Applicant Log St. Date	11-12-16		



CLARENCE E MINGO II FRANKLIN COUNTY AUDITOR

MAP ID: S

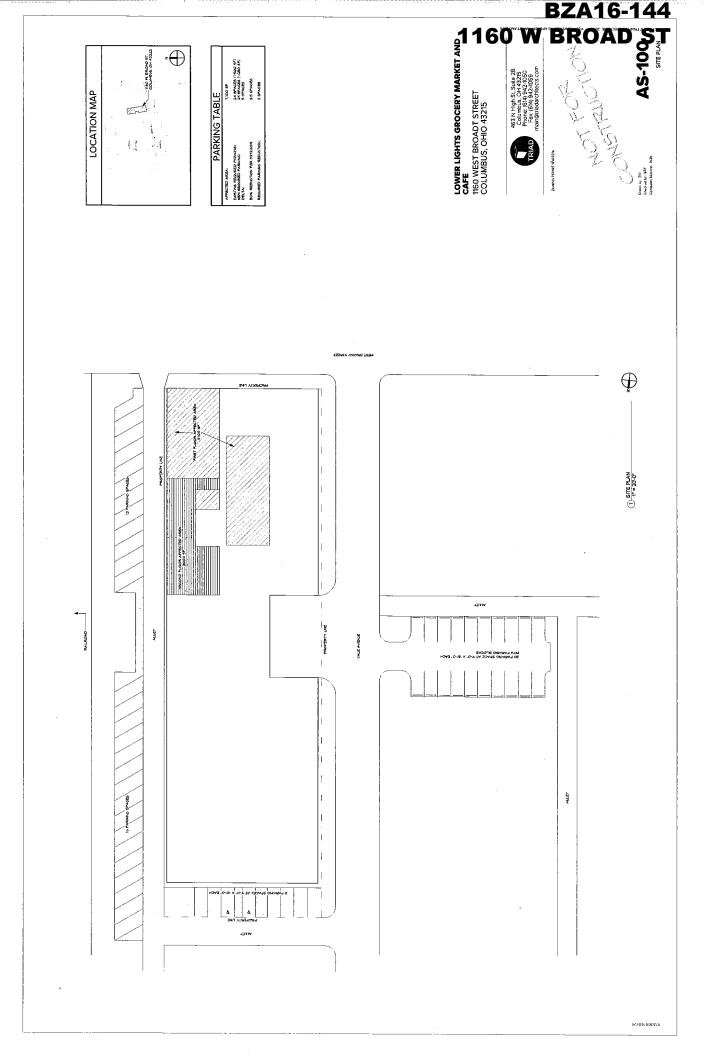
DATE:

11/8/16



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



THE CITY OF

1160 W BROAD ST Board of Zoning Adjustment Application

BZA16-144

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 FILE	LED 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) BRENTT FOLTT
of (COMPLETE ADDRESS)deposes and states that (he/sh	e) is the APPLICANT, AGENT, OR DULY AUTHORIZED ATTORNEY FOR SAME and the following rtnerships, corporations or entities having a 5% or more interest in the project which is the subject of
NAME	COMPLETE MAILING ADDRESS
LOWER LIGHTS CHI	RISTIAN HEALTH CENTER 1170 WEST BROAD STREET,
	COMMBW , OHIO 43222
· ·	
SIGNATURE OF AFFIANT	
Sworn to before me and signed in	my presence this day of
Lena Har	Notary Seal Here
SIGNATURE OF NOTARY PUB	RENA HARPER NOTARY PUBLIC STATE OF OHIO Comm. Expires August 5, 2020 Recorded in Franklin County

PLEASE NOTE: Incomplete information will result in the rejection of this submittal. ymuod i