Mayor Michael B. Coleman

REZONING APPLICATION

City of Columbus, Ohio ▪ Department of Building & Zoning Services
757 Carolyn Avenue, Columbus, Ohio 43224 ▪ Phone: 614-645-7433▪ www.columbus.gov

OFFICE USE ONLY

Application #: Z12-039 / 12335-00000-00429
Date Received: 7/26/12
Application Accepted By: S. Pine Fee: 0 - City is Co-applicant
Comments: Assigned to Shannon Pine, 645-2208, spine@columbus.gov

LOCATION AND ZONING REQUEST:

Certified Address (for Zoning Purposes) 3040 E. Sixth ~~St~~ Ave. Zip 43219
Is this application being annexed into the City of Columbus ☐ Yes ■ No (circle one)
If the site is currently pending annexation, Applicant must show documentation of County Commissioner's adoption of the annexation petition.

Parcel Number for Certified Address 010-062262, 010-064270, 010-005994, 010-031632, 010-027260

☐ ***Check here if listing additional parcel numbers on a separate page.***

Current Zoning District(s) R-4 Requested Zoning District(s) C-2
Recognized Area Commission Area Commission or Civic Association East Columbus
Proposed Use or reason for rezoning request: Medical Clinic
(continue on separate page if necessary)
Proposed Height District: H 35 Acreage 0.55
[Columbus City Code Section 3309.14]

APPLICANT:

Name Michael Johnson / City of Columbus
Address 1293 Jackson Hole Drive / 109 N Front St City/State Blacklick, Ohio / Colo OH Zip 43004 / 43215
Phone # 614-886-5060 Fax # Email michaelandecho@gmail.com

PROPERTY OWNER(S):

Name Michael Johnson/City of Columbus Land Bank
Address 1293 Jackson Hole Drive/109 N. Front St. City/State Blacklick, Ohio/Columbus, OH Zip 43004/43215
Phone # 614-886-5060 Fax # Email michaelandecho@gmail.com
☐ ***Check here if listing additional property owners on a separate page***

ATTORNEY / AGENT (CHECK ONE IF APPLICABLE) ☐ Attorney ■ Agent

Name Leslie Thompson, P.E.
Address 7207 Inverness Ct. City/State Columbus, Ohio Zip 43016
Phone # 614-441-3443 Fax # 614-791-5615 Email: lthomp11@columbus.rr.com

SIGNATURES (ALL SIGNATURES MUST BE PROVIDED AND SIGNED IN BLUE INK)

X APPLICANT SIGNATURE
X PROPERTY OWNER SIGNATURE
ATTORNEY / AGENT SIGNATURE

My signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that the City staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc. may delay the review of this application.

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 all checks payable to the Columbus City Treasurer

Revised 05/9/12

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AFFIDAVIT

(See instruction sheet)

APPLICATION # 12-039

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn **(1)** NAME Mr. Michael Johnson
of **(1)** MAILING ADDRESS 1293 Jackson Hole Drive, Blacklick, Ohio 43004
deposed 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) CERTIFIED ADDRESS FOR ZONING PURPOSES 3040 E. Sixth Ave.
for which the application for a rezoning, variance, special permit or graphics plan was filed with the Department of Building and Zoning Services, on **(3)** 7/26/12
(THIS LINE TO BE FILLED OUT BY CITY STAFF)

SUBJECT PROPERTY OWNERS NAME AND MAILING ADDRESS
☐ ***Check here if listing additional property owners on a separate page.***

(4) Michael Johnson
1293 Jackson Hole Drive, Blacklick, Ohio 43004
City of Columbus
City of Columbus Land Bank 109 North Front St. Columbus, Ohio 43215

APPLICANT'S NAME AND PHONE #
(same as listed on front of application)

Michael Johnson
614-886-5060

AREA COMMISSION OR CIVIC GROUP
AREA COMMISSION ZONING CHAIR OR
CONTACT PERSON AND ADDRESS

(5) East Columbus Civic Association
Michael Johnson, chairman
1293 Jackson Hole Dr, Blacklick OH 43004

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 **(8)**

Subscribed to me in my presence and before me this 24 day of July, in the year 2012

SIGNATURE OF NOTARY PUBLIC **(8)**

My Commission Expires: 7/21/2014

This Affidavit expires six months after date of notarization.

THOMAS JONES - NOTARY PUBLIC
Notary Seal Here
COMM. EXP JULY 21, 2014
STATE OF OHIO

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Mayor Michael B. Coleman

REZONING APPLICATION

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

AFFIDAVIT

(See instruction sheet)

APPLICATION # Z12-039

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn **(1)** NAME Boyce Safford III
of **(1)** MAILING ADDRESS 50 W. Gay St, Col. Oh. 43215
deposed 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) CERTIFIED ADDRESS FOR ZONING PURPOSES 3040 E. Sixth ~~St~~ Ave.
for which the application for a rezoning, variance, special permit or graphics plan was filed with the Department of Building and Zoning Services, on **(3)** 7/26/12
(THIS LINE TO BE FILLED OUT BY CITY STAFF)

SUBJECT PROPERTY OWNERS NAME AND MAILING ADDRESS
☐ ***Check here if listing additional property owners on a separate page.***

(4) City of Columbus
109 N. Front St
Columbus, Oh 43215

APPLICANT'S NAME AND PHONE #
(same as listed on front of application)

Boyce Safford, III
645-8595

AREA COMMISSION OR CIVIC GROUP
AREA COMMISSION ZONING CHAIR OR CONTACT PERSON AND ADDRESS

(5) East Columbus Civic
Michael Johnson Chairman
1293 Jackson Ave Blacklick Oh. 43004

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 **(8)**

Subscribed to me in my presence and before me this 25th day of July, in the year 2012

SIGNATURE OF NOTARY PUBLIC **(8)** Tracy L. Swanson

My Commission Expires: October 29, 2016

This Affidavit expires six months after date of notarization.

NOTARIAL SEAL STATE OF OHIO
Notary Seal Here
TRACY L. SWANSON
Notary Public, State of Ohio
My Commission Expires 10-29-16

PLEASE NOTE: incomplete information will result in the rejection of this submittal.
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Please make all checks payable to the Columbus City Treasurer

Revised 05/9/12

APPLICANT/PROPERTY OWNERS:

City of Columbus Dept. of Development
Boyce Safford III
50 W. Gay St.
Columbus, OH 43215

Mr. Michael Johnson
1293 Jackson Hole Dr.
Blacklick, OH 43004

ATTORNEY/AGENT

Leslie E. Thompson, P.E.
7207 Inverness Ct.
Dublin, OH 43016

CIVIC ASSOCIATION

East Columbus Civic Association
636 N. Dawson Ave.
Columbus, OH 43219

SURROUNDING PROPERTY OWNERS:

Mr. Michael T. Johnson
3034 E. Sixth Ave.
Columbus, OH 43219

Mrs. Sharon Tubbs
4342 Grays Market Dr.
Gahanna, OH 43230

Ms. Cassandra Shaw
3085 E. Sixth Ave.
Columbus, OH 43219

Ms. Marie Mitchell
3055 E. Sixth Ave.
Columbus, OH 43219

Ms. Donna Smith-Dodge
3051 E. Sixth Ave.
Columbus, OH 43219

Ms. Letha Brooks
3047 E. Sixth Ave.
Columbus, OH 43219

Ms. Ida Cox
3043 E. Sixth Ave.
Columbus, OH 43219

Mr. Bruce and Mrs. Sheila Hoover
3013 E. Sixth Ave.
Columbus, OH 43219

Ms. Donna Smith
3024 E. Sixth Ave.
Columbus, OH 43219

Junkyard Properties LLC
6956 E. Broad St.
Columbus, OH 43213

Teresa L. Lorenz
5961 Orchid Dr.
Thornville, OH 43076

Board of Education of the
Columbus City School District
270 E. State St.
Columbus, OH 43215

Jerome Haygood
3017 E. Sixth Ave.
Columbus, OH 43219

John P. Luft
3998 Stapleford Dr.
Columbus, OH 43230

Dorothy T. Turns
3016 E. Sixth Ave.
Columbus, OH 43219

Mr. Kenneth E. Butcher
688 N. Gould Rd.
Columbus, OH 43219

Jason and Irene Medina
1752 Morning Canyon Rd.
Diamond Bar, CA 91765

Living Word Church of Columbus
3007 E. Sixth Ave.
Columbus, OH 43219

Benjamin Lichtman
P.O. Box 91008
Columbus, OH 43209

Z12-039

Mayor Michael B. Coleman

REZONING APPLICATION

City of Columbus, Ohio ▪ Department of Building & Zoning Services
757 Carolyn Avenue, Columbus, Ohio 43224 ▪ Phone: 614-645-7433▪ www.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 # Z12-039

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) Michael Johnson
of (COMPLETE ADDRESS) 1293 Jackson Hole Drive, Blacklick, Ohio 43004
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 in the following format:

Name of business or individual
Business or individual's address
Address of corporate headquarters
City, Sate, Zip
Number of Columbus based employees
Contact name and number

1. Michael Johnson 1293 Jackson Hole Drive Blacklick, Ohio 43004	2. City of Columbus Land Bank 109 N. Front St. Columbus, Ohio 43215
3.	4.

☐ ***Check here if listing additional parties on a separate page.***

SIGNATURE OF AFFIANT

Subscribed to me in my presence and before me this 24 day of July, in the year 2012

SIGNATURE OF NOTARY PUBLIC

My Commission Expires: 7/21/2014

TIGRESS JONES - NOTARY PUBLIC
Notary Seal Here
COMM EXP JULY 21, 2014
STATE OF OHIO

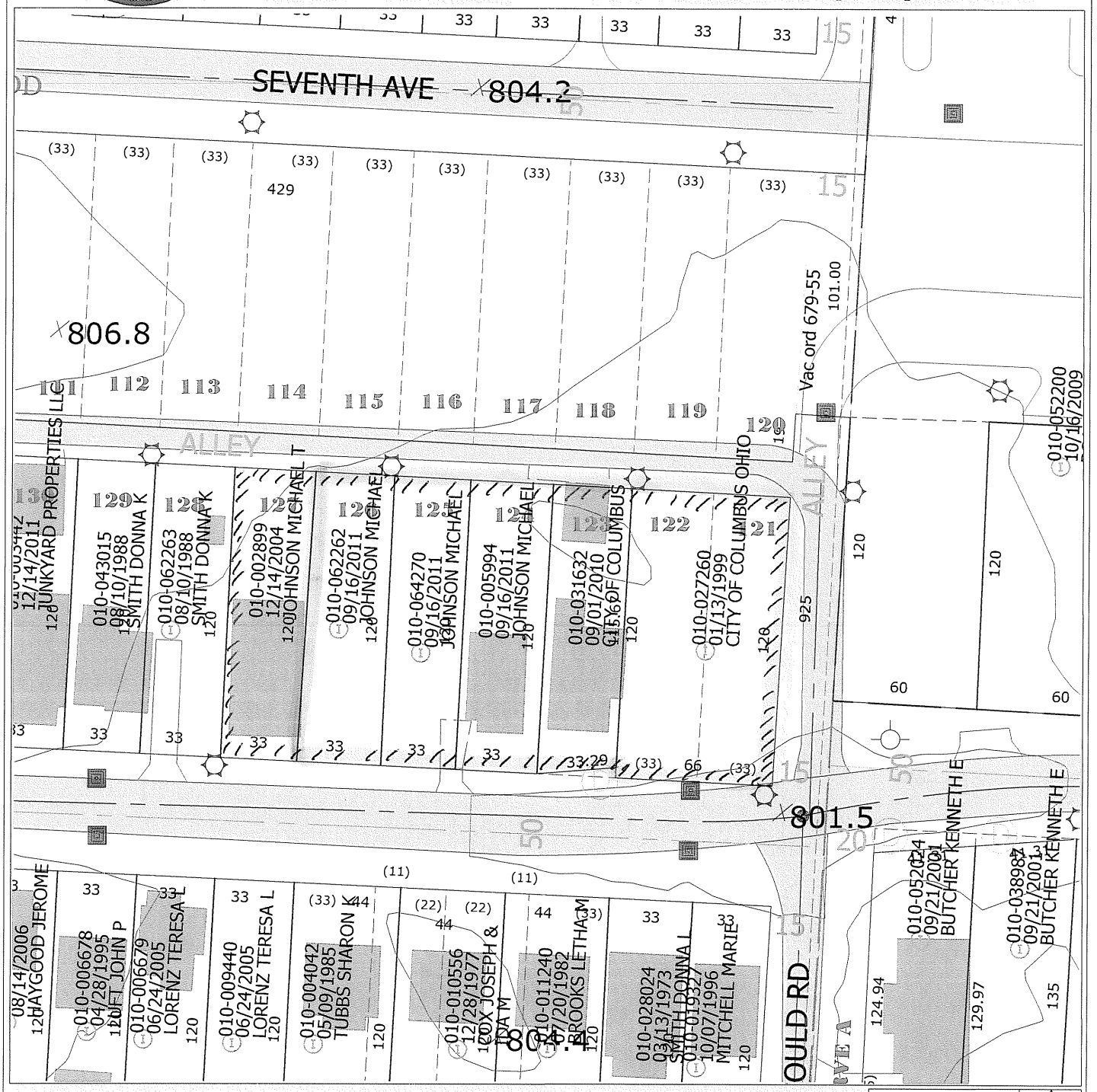
This Project Disclosure Statement expires six months after date of notarization.

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 all checks payable to the Columbus City Treasurer

212-039

CLARENCE E MINGO II
FRANKLIN COUNTY AUDITOR

MAP ID: MB **DATE: 7/23/12**



Disclaimer

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

City of Columbus
Zoning Plat

N

ZONING NUMBER

The Zoning Number Contained on This Form is Herein Certified to Obtain Zoning, Rezoning, and Variances, and is NOT to be Used for the Securing of Building & Utility Permits

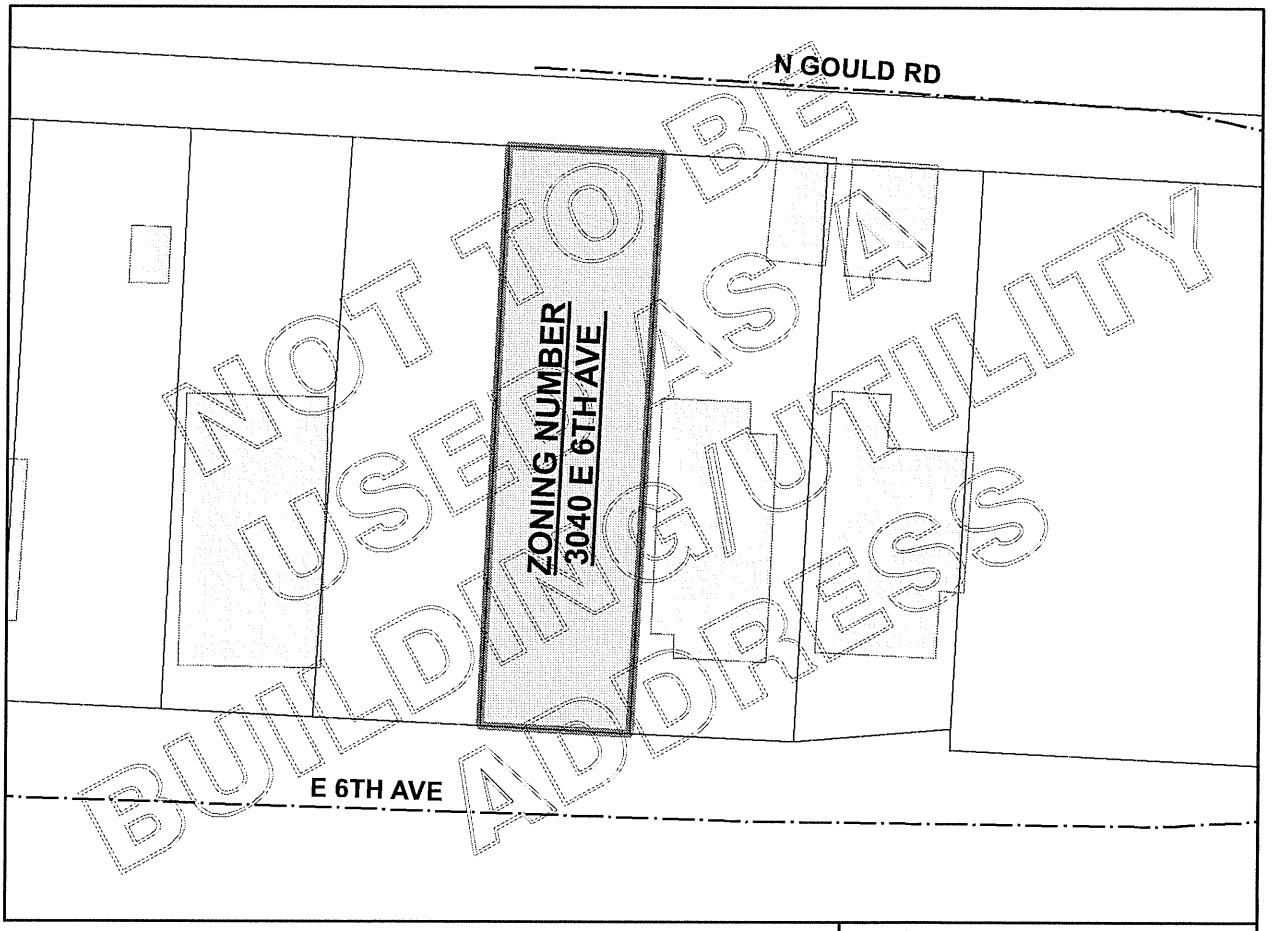
Parcel ID: 010064270

Zoning Number: 3040 **Street Name: E 6TH AVE**

Lot Number: 125 **CASSADYS 5TH AVE**

Requested By: LESLIE THOMPSON P.E. CONSULTING ENGINEER

Issued By: Cidyana Umariam **Date: 7/25/2012**



SCALE: 1 inch = 40 feet

GIS FILE NUMBER: 10485

PATRICIA A. AUSTIN, P.E., ADMINISTRATOR
DIVISION OF PLANNING AND OPERATIONS
COLUMBUS, OHIO

3040 East Sixth Avenue
Approximately 0.55 acres
R-4 to C-2
8TH AVE
7TH AVE
6TH AVE
5TH AVE
ALY
RARIG AVE
GOULD RD
ALLEY ALY
UNNAMED ALY
ORIG R4 2/27/1928
ORIG C4 2/27/1928
261 C2 1/22/1940
1028 ARO 7/5/1962
Z12-039

3040 East Sixth Avenue
Approximately 0.55 acres
R-4 to C-2
8TH AVE
ALY
7TH AVE
RARIG AVE
6TH AVE
ALLEY ALY
UNNAMED ALY
GOULD RD
5TH AVE
Z12-039