



BOARD OF ZONING ADJUSTMENT 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 Number: 13310-0-00880
Date Received: 12/6/13
Commission/Civic: FNCCC
Existing Zoning: RR Application Accepted by: D. Reiss Fee: \$315.00
Comments: 2/25/14

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

Variance Special Permit

Indicate what the proposal is and list applicable code sections.

Allow lot split that will result in one of lots having no frontage on a public street. There is a private road existing and the lot split includes an easement for the construction of the road, which will provide access to the new lot [code sec. 3332.19] fronting.

LOCATION

1. Certified Address Number and Street Name 7929 Flint Rd.
City Columbus State Ohio Zip 43085 43235
Parcel Number (only one required) 610-213716

APPLICANT: (IF DIFFERENT FROM OWNER)

Name Kenneth Patrick
Address 6338 Mar Min Ct City/State Worthington Zip 43085
Phone # 614-419-1664 Fax # _____ Email KPatrick@columbus.zr.com

PROPERTY OWNER(S):

Name Mike Morgan
Address 5423 Roche Ct W City/State Columbus/Ohio Zip 43229
Phone # _____ Fax # _____ Email _____
 Check here if listing additional property owners on a separate page.

ATTORNEY / AGENT (CHECK ONE IF APPLICABLE)

Attorney Agent

Name Kenneth Patrick
Address 6338 Mar Min Ct City/State Worthington, Ohio Zip 43085
Phone # 614-419-1664 Fax # _____ Email: _____

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

APPLICANT SIGNATURE Kenneth Patrick
PROPERTY OWNER SIGNATURE Mike Morgan
ATTORNEY / AGENT SIGNATURE _____

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

call 645-4522 to make an appt to submit.



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AFFIDAVIT

13310-00880
7929 Flint Rd.

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (1) NAME: Kenneth Patrick
of (1) MAILING ADDRESS 4338 Mainin Ct Worthington, Ohio 43085
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) per ADDRESS CARD FOR PROPERTY
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) _____

(THIS LINE TO BE FILLED OUT BY CITY STAFF)

SUBJECT PROPERTY OWNERS NAME
AND MAILING ADDRESS

(4) Mike Morgan
5423 Roche Court W
Columbus, Ohio 43085

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

Mike Morgan
614-323-3666

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

(5) Please see ATT Information

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(S) NAME (6A) ADDRESS OF PROPERTY (6B) PROPERTY OWNER(S) MAILING ADDRESS

| | | |
|------------------------------|---|----------|
| <u>Danielle R LaFontaine</u> | <u>7914 Flint Rd Columbus, Ohio 43235</u> | <u>"</u> |
| <u>Ryan B Atkins</u> | <u>7919 Flint Rd Columbus, Ohio 43235</u> | <u>"</u> |
| <u>Mohammad Ashraf</u> | <u>7939 Flint Rd Columbus, Ohio 43235</u> | <u>"</u> |

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

SIGNATURE OF AFFIANT

(8) [Signature]

Subscribed to me in my presence and before me this 22 day of NOVEMBER, in the year 2013

SIGNATURE OF NOTARY PUBLIC

[Signature]

My Commission Expires:

Robert S. Cassel
Notary Public, State of Ohio
My Commission Expires 02-16-2014



Notary Seal Here

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Name Jin S. Yu
Address 7910 Flint Rd.
Columbus, Ohio 43235

Name: Rodney & Ann
Swearingen
6338 Mar Min Ct.
Worthington, Ohio 43085

Name Michael Penn
Address 7901 Flint Rd.
Columbus, Ohio 43235

Name Mike Morgan
Address 5423 Roche Court W.
Columbus, Ohio 43229

Name Encarnacion Pyle
Address 7949 Flint Rd.
Columbus, Ohio 43235

Name Gloria Humes
Address 771 Wynstone Dr.
Lewis Center, Ohio 43035

Name Mohammad Ashraf
Address 7939 Flint Rd.
Columbus, Ohio 43235

Name Kenneth Patrick
Address 6338 Mar Min Court
Worthington, Ohio 43085

Name Danielle LaFountain
Ryan Adkins
Address 7919 Flint Rd.
Columbus, Ohio 43235

Name Kenneth Patrick
Address 6338 Mar Min Court
Worthington, Ohio 43085



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STATEMENT OF HARDSHIP

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7929 Flint Rd.

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. That special circumstances or conditions apply to the subject property that does not apply generally to other properties in the same zoning district.
 2. That the special circumstances or conditions are not the result of the actions of the property owner or applicant.
 3. That 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. That 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 the 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:

① Variance is necessary do to existing on the front part of the existing parcel.

② Variance will not interfere with any neighboring properties as easements were put in place to allow cross access at rear of the lot that will front on Flint Rd.

Signature of Applicant

Kenneth M. Patrick

Date 10/30/13

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For all questions regarding this form and fees please call: 614-645-4522
Please make all checks payable to the Columbus City Treasurer



City of Columbus Address Plat



CERTIFIED HOUSE NUMBERS

The House Numbers Contained on This Form
are Herein Certified for Securing
of Building & Utility Permits

Parcel ID: 610213776

Project Name: SINGLE FAMILY HOME

House Number: 7929

Street Name: FLINT RD

Lot Number: 44

Subdivision: N/A

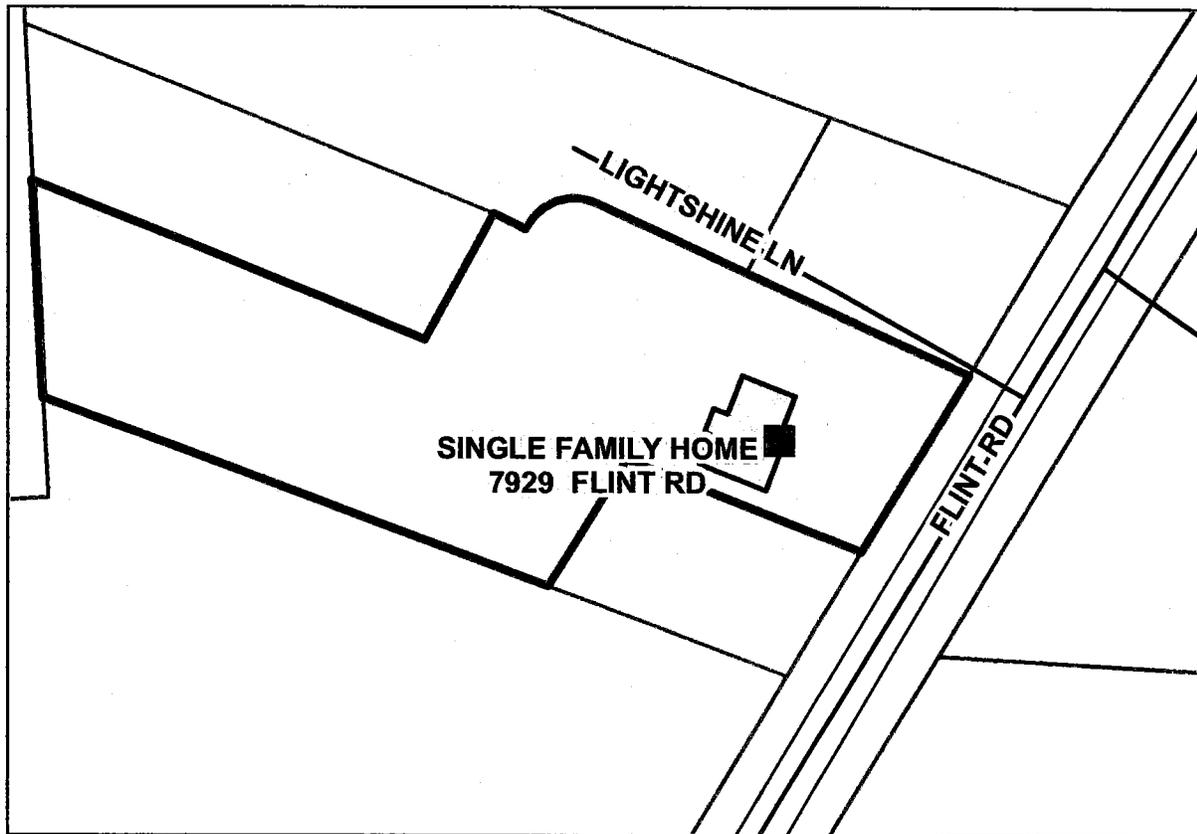
Work Done: NEW

Complex: N/A

Owner: SWEARINGEN ENTERPRISES LLC

Requested By: FISCHER HOMES (MIKE MORGAN)

Printed By: Cassandra Sampaun Date: 9/9/2013



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

SCALE: 1 inch = 100 feet

GIS FILE NUMBER: 1327809

General Power of Attorney

Notice: This is an important document. Before signing this document, you should know these important facts. By signing this document, you are not giving up any powers or rights to control your finances and property yourself. In addition to your own powers and rights, you may be giving another person, your attorney-in-fact, broad powers to handle your finances and property. This general power of attorney may give the person whom you designate (your "attorney-in-fact") broad powers to handle your finances and property, which may include powers to encumber, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. **THE POWERS WILL NOT EXIST AFTER YOU BECOME DISABLED OR INCAPACITATED.** This document does not authorize anyone to make medical or other health care decisions for you. If you own complex or special assets such as a business, or if there is anything about this form that you do not understand, you should ask a lawyer to explain this form to you before you sign it. If you wish to change your general power of attorney, you must complete a new document and revoke this one. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your attorney-in-fact and any other person to whom you have given a copy of the form. You also should notify all parties having custody of your assets. These parties have no responsibility to you unless you actually notify them of the revocation. If your attorney-in-fact is your spouse and your marriage is annulled, or you are divorced after signing this document, this document is invalid. Since some 3rd parties or some transactions may not permit use of this document, it is advisable to check in advance, if possible, for any special requirements that may be imposed. You should sign this form only if the attorney-in-fact you name is reliable, trustworthy and competent to manage your affairs.

I, Michael Morgan, of 5423 Roche Court West,
City of Columbus, State of Ohio, as principal, do hereby
appoint: Kenneth Patrick, of 6338 Mar Min Ct.,
City of Worthington, State of Ohio, my attorney-in-fact
to act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to
the following matters to the extent that I am permitted by law to act through an agent:

- (a) real estate transactions;
- (b) goods and services transactions;
- (c) bond, share and commodity transactions;
- (d) banking transactions;
- (e) business operating transactions;
- (f) insurance transactions;
- (g) estate transactions;
- (h) claims and litigation;
- (i) personal relationships and affairs;
- (j) benefits from military service;
- (k) records, reports and statements;
- (l) retirement benefit transactions;
- (m) making gifts to my spouse, children and more remote descendants, and parents;

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_____ (n) tax matters;

_____ (o) all other matters;

_____ (p) full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select;

_____ (q) unlimited power and authority to act in all of the above situations (a) through (p)

If the attorney-in-fact named above is unable or unwilling to serve, I appoint _____, of _____, City of _____, State of _____, to be my attorney-in-fact for all purposes hereunder.

To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless any such third party from any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this power of attorney.

This power of attorney shall not be effective in the event of my future disability or incapacity. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. My attorney-in-fact shall not be compensated for his or her services nor shall my attorney-in-fact be liable to me, my estate, heirs, successors, or assigns for acting or refraining from acting under this document, except for willful misconduct or gross negligence.

Dated: 11/21/13

Signature and Declaration of Principal

I, Michael Morgan, the principal, sign my name to this power of attorney this 21 day of November and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

[Signature]
Signature of Principal

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Witness Attestation

I, _____, the first witness, and I, _____, the second witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Signature of First Witness

Signature of Second Witness

Notary Acknowledgment

State of OHIO County of FRANKLIN
Subscribed, sworn to and acknowledged before me by MIKE MORGAN, the Principal,
and subscribed and sworn to before me by _____, witness, this 22
day of NOVEMBER 2013.

Robert S. Cassel

Notary Signature

Notary Public,

In and for the County of FRANKLIN

State of OHIO

My commission expires: _____



Robert S. Cassel
Notary Public, State of Ohio
My Commission Expires 02-16-2014

Acknowledgment and Acceptance of Appointment as Attorney-in-Fact

I, Kenneth M. Patrick Kenneth Patrick have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Kenneth M. Patrick
Signature of Attorney-in-Fact

11/22/2013
Date

Acknowledgment and Acceptance of Appointment as Successor Attorney-in-Fact

I, _____ have read the attached power of attorney and am the person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the power of attorney, when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Signature of Successor Attorney-in-Fact

Date

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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 # **13310-00880**
7929 Flint Rd.

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) Kenneth Patrick
of (COMPLETE ADDRESS) 4338 May Min Ct Worthington, Ohio 43085
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

Mike Morgan 5423 Roche Centre W Columbus, Ohio 43229

SIGNATURE OF AFFIANT

Subscribed to me in my presence and before me this 22 day of NOVEMBER, in the year 2013

SIGNATURE OF NOTARY PUBLIC

My Commission Expires:



Robert S. Cassel
Notary Public, State of Ohio
My Commission Expires 02-16-2014

Notary Seal Here

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