



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: # 1310-00000-00755

Date Received: 28 Dec-2011

Commission/Group: N/A

Existing Zoning: _____ Application Accepted by: HF Fee: \$1900

Comments: _____

TYPE(S) OF ACTION REQUESTED

(Check all that apply)

☒ Variance ☐ Special Permit

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

Construction of a new Hospital building. We are requesting a Variance to C.C.C. 3309.14(A) "Height Districts" to allow the construction of a building with a maximum height of one hundred and eighty (180) feet.

LOCATION

1. Certified Address Number and Street Name 3535 Olentangy River Road

City Columbus State OH Zip 43214

Parcel Number (only one required) 010-183740

APPLICANT: (IF DIFFERENT FROM OWNER)

Name Same as Property Owner.

Address _____ City/State _____ Zip _____

Phone # _____ Fax # _____ Email _____

PROPERTY OWNER(S):

Name OhioHealth Corp.; Attn: Doug Scholl

Address 3535 Olentangy River Road City/State Columbus, OH Zip 43214

Phone # (614) 566-3641 Fax # (614) 265-2436 Email DScholl2@OhioHealth.com

☐ Check here if listing additional property owners on a separate page.

ATTORNEY / AGENT (CHECK ONE IF APPLICABLE)

☒ Attorney ☐ Agent

Name Jeffrey L. Brown

Address 37 W. Broad Street, Suite 725 City/State Columbus, OH Zip 43215

Phone # (614) 221-4255 Fax # (614) 221-4409 Email: jlbrown@smithandhale.com

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

APPLICANT SIGNATURE _____

PROPERTY OWNER SIGNATURE _____

ATTORNEY / AGENT SIGNATURE _____

PLEASE NOTE: incomplete information will result in the rejection of this submittal.

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

DEPARTMENT OF BUILDING AND ZONING SERVICES

11310-00000-00755
3535 OLENTANGY RIVER
ROAD

One Stop Shop Zoning Report

Date: Thu Jan 5 2012

General Zoning Inquiries: 614-645-8637

SITE INFORMATION

Address: 3535 OLENTANGY RIVER RD COLUMBUS OH 43214

Mailing Address: 180 E BROAD ST FL 34
COLUMBUS, OH 43215

Owner: OHIOHEALTH CORP

Parcel Number: 010183740

ZONING INFORMATION

Zoning: 712, Commercial, C3

effective 4/12/1957, Height District H-35

Board of Zoning Adjustment (BZA): N/A

Commercial Overlay: N/A

Graphic Commission: 06320-00000-00025

Area Commission: N/A

Planning Overlay: N/A

Historic District: N/A

Historic Site: No

Council Variance: N/A

Flood Zone: OUT

Airport Overlay Environs: N/A

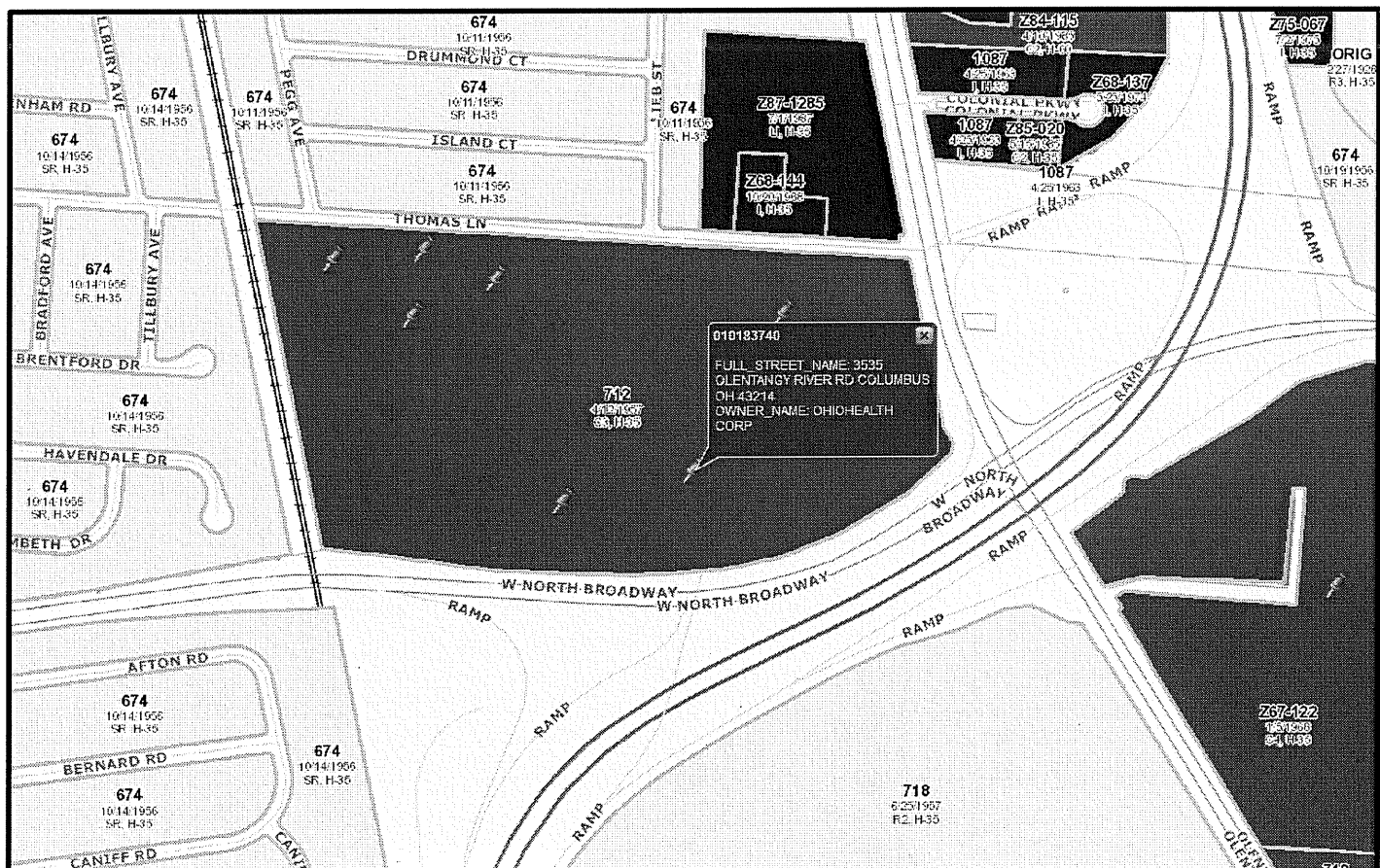
PENDING ZONING ACTION

Zoning: N/A

Board of Zoning Adjustment (BZA): 11310-00606

Council Variance: N/A

Graphic Commission: N/A





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AFFIDAVIT

11310-00000-00755
3535 OLENTANGY RIVER
ROAD

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (1) NAME Jeffrey L. Brown - Smith & Hale LLC
of (1) MAILING ADDRESS 37 W. Broad Street, Suite 725, Columbus, 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) 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) OhioHealth Corp.
3535 Olentangy River Road
Columbus, OH 43214

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

Doug Scholl
ph. 614-566-3641

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

(5) Kenwood Civic Association
Laurie Cohen
913 Lansmere Lane
Columbus, OH 43220

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

See attached listing of property owners of record within 125 feet of the subject property.

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

SIGNATURE OF AFFIANT

Subscribed to me in my presence and before me this 28th day of December in the year 2011

SIGNATURE OF NOTARY PUBLIC

(8) Natalie C. Timmons
9/4/15

My Commission Expires:



Natalie C. Timmons
Notary Public, State of Ohio
My Commission Expires 09-04-2015

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STATEMENT OF HARDSHIP

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3535 OLENTANGY RIVER
ROAD

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:

Please see attached statement.

Signature of Applicant

[Handwritten Signature]
[Handwritten: for applicant]

Date

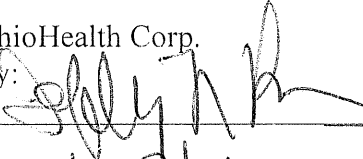
12/28/11

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The applicant is proposing the construction of a new patient tower to be located southeast of the McConnell Heart Hospital as depicted on the attached site plan. The maximum height of new building will be 180 feet. There are several buildings on the hospital campus which exceed the 35 foot height district.

The site is zoned C-3, commercial and the city has several different height districts. Given the type of the existing development, and the height of buildings throughout the hospital campus, the 35 foot height district is not appropriate for the site.

There are other properties in the same zoning classification which have higher height district designations. By granting this variance the applicant preserves a substantial property right which is possessed by other property owners in the same zoning classification. The granting of the 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.

OhioHealth Corp.
By: 
Signature of Applicant: _____
Date: 12/28/11

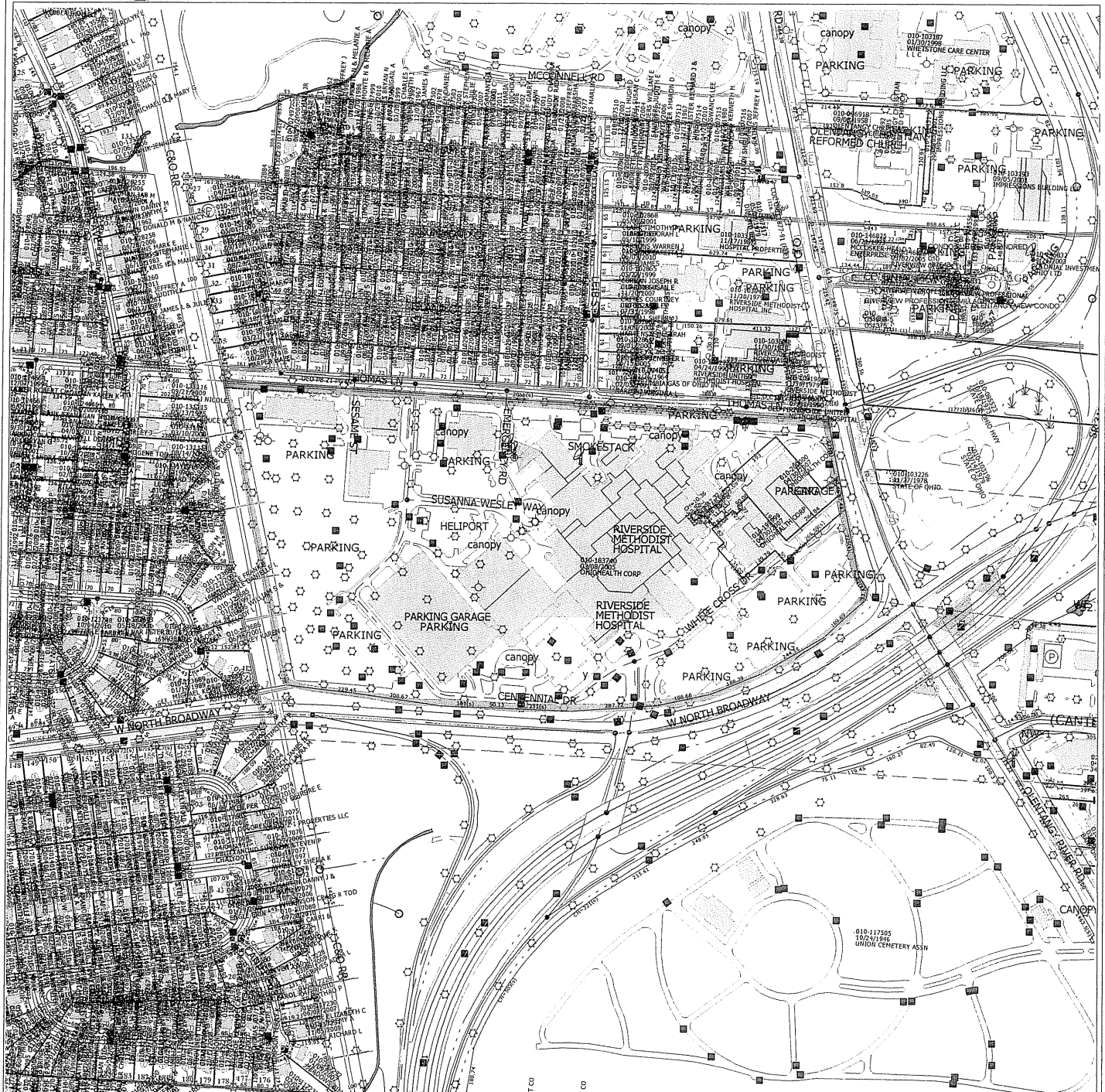
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3535 OLENTANGY RIVER
ROAD



CLARENCE E MINGO II FRANKLIN COUNTY AUDITOR

MAP ID: dlh

DATE: 12/7/11



Disclaimer

Scale = 500



This map is prepared for the real property inventory within the survey plats, and other public records and data. Users of this information sources should be consulted for verification of the county and the mapping companies assume no legal responsibility. Please notify the Franklin County GIS Division of any discrepancy.

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ds,
map.

Real Estate / GIS Department



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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 # **11310-00000-00755**
3535 OLENTANGY RIVER ROAD

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) Jeffrey L. Brown
of (COMPLETE ADDRESS) 37 W. Broad St., Suite #725, 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

Ohio Health Corp.

3535 Olentangy River Road

Attn: Doug Scholl

Columbus, OH 43214

SIGNATURE OF AFFIANT

Jeffrey L. Brown

Subscribed to me in my presence and before me this 28th day of December, in the year 2011

SIGNATURE OF NOTARY PUBLIC

Natalie C. Timmons

My Commission Expires:

9/4/15



Natalie C. Timmons
Notary Public, State of Ohio
My Commission Expires 09-04-2015

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