



# 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](http://www.columbus.gov)

OFFICE USE ONLY

Application Number: # 12310-00000-1400  
Date Received: 16 JULY 2012  
Commission/Group: FAR SOUTH AC  
Existing Zoning: \_\_\_\_\_ Application Accepted by: HF Fee: \$315  
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.

addition of space to Garage addition and habitable space addition. upper level Variance Change on Garage Sq ft

## LOCATION

1. Certified Address Number and Street Name 3630 Hendon Rd  
City Groveport State Ohio Zip 43125  
Parcel Number (only one required) 530-179-544

## APPLICANT: (IF DIFFERENT FROM OWNER)

Name Daniel Blanton  
Address 1658 Frank Rd City/State Columbus Zip 43223  
Phone # 614-865-7238 Fax # \_\_\_\_\_ Email DanielDBlanton@gmail.com

## PROPERTY OWNER(S):

Name Cheryl Davis  
Address 3630 Hendon Rd City/State Groveport OH Zip 43125  
Phone # 614-425-3917 Fax # \_\_\_\_\_ Email \_\_\_\_\_  
☐ Check here if listing additional property owners on a separate page.

## ATTORNEY / AGENT (CHECK ONE IF APPLICABLE)

☐ Attorney ☐ Agent

Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email: \_\_\_\_\_

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

APPLICANT SIGNATURE Daniel Blanton  
PROPERTY OWNER SIGNATURE Cheryl Davis  
ATTORNEY / AGENT 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 all checks payable to the Columbus City Treasurer



# CITY OF COLUMBUS

DEPARTMENT OF BUILDING AND ZONING SERVICES

12310-00000-00400

3630 HENDRON ROAD

## One Stop Shop Zoning Report Date: Wed Aug 1 2012

General Zoning Inquiries: 614-645-8637

### SITE INFORMATION

**Address:** 3630 HENDRON RD COLUMBUS OH 43125

**Mailing Address:** 2375 N GLENVILLE DR  
RICHARDSON, TX 75082

**Owner:** MIDDLETON CHERYL

**Parcel Number:** 530179544

### ZONING INFORMATION

**Zoning:** Z78-017, Multi-family, AR12  
effective 6/7/1978, Height District H-35

**Board of Zoning Adjustment (BZA):** N/A

**Commercial Overlay:** N/A

**Graphic Commission:** N/A

**Area Commission:** Far South Columbus Area Commission

**Planning Overlay:** N/A

**Historic District:** N/A

**Historic Site:** No

**Council Variance:** N/A

**Flood Zone:** OUT

**Airport Overlay Environs:** N/A

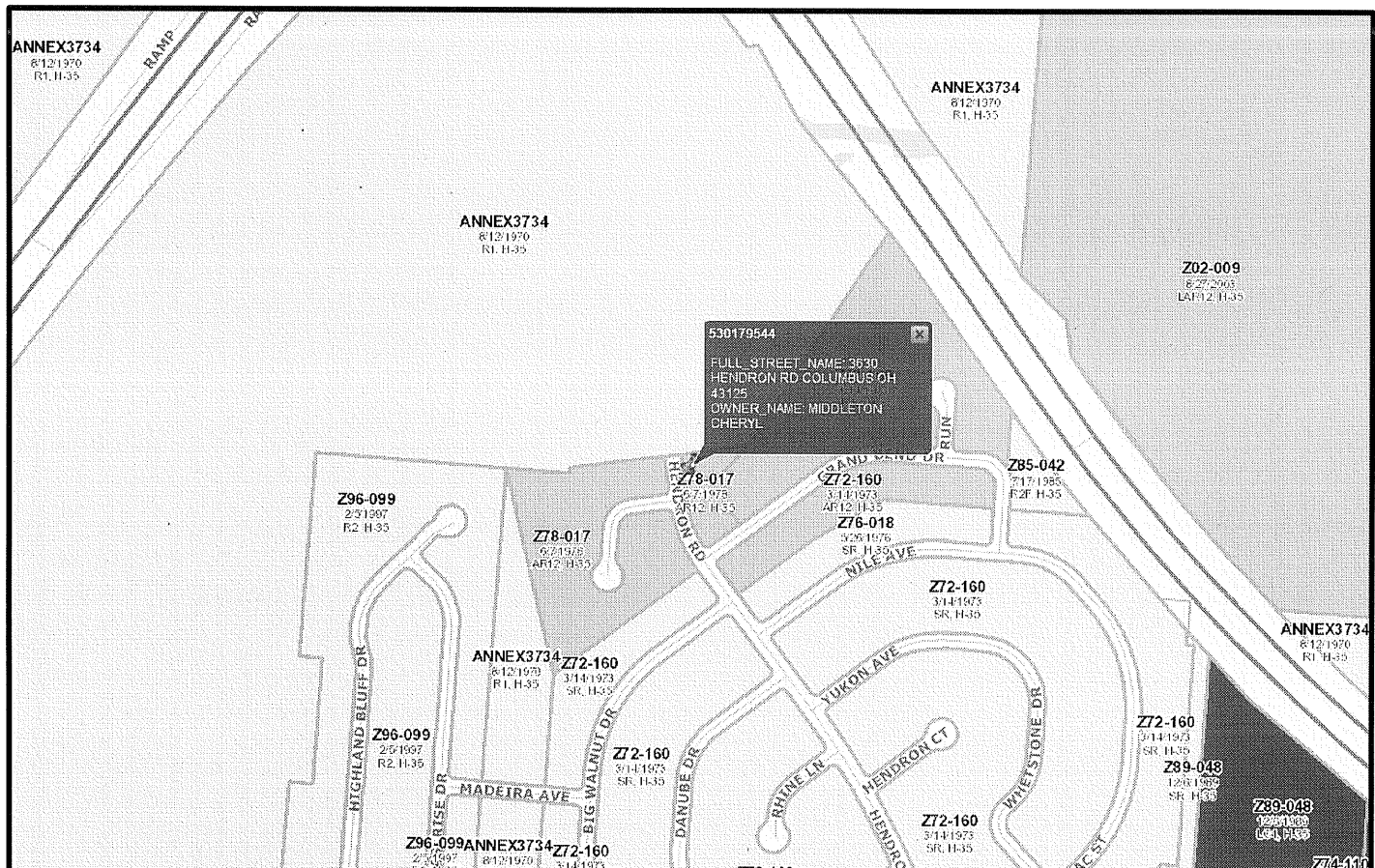
### PENDING ZONING ACTION

**Zoning:** N/A

**Board of Zoning Adjustment (BZA):** N/A

**Council Variance:** N/A

**Graphic Commission:** N/A



# 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, Cheryl Davis, of 3630 Hendron rd,  
City of Groveport, State of Ohio, as principal, do hereby  
appoint: Dan Blanton, of 1658 Frank rd,  
City of Columbus, 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;

**12310-00000-00400**  
**3630 HENDRON ROAD**

\_\_\_\_\_ (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).

D This Power of attorney will be voided after completion of services

If the attorney-in-fact named above is unable or unwilling to serve, I appoint N/A,  
of N/A, City of N/A, State of N/A,  
N/A, 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: 7/11/12

#### Signature and Declaration of Principal

I, Cheryl Davis, the principal, sign my name to this power of attorney  
this 11 day of July 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.

Cheryl Davis  
Signature of Principal

#### Witness Attestation

I, Loretta Pettigrew, the first witness, and I, Henry Pettigrew,  
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.

Loretta Pettigrew  
Signature of First Witness

Henry Pettigrew  
Signature of Second Witness

**Notary Acknowledgment**

State of Ohio County of Franklin  
Subscribed, sworn to and acknowledged before me by Cheryl Davis, the Principal,  
and subscribed and sworn to before me by Loretta Pettigrew and Henry Pettigrew, witness, this 11<sup>th</sup>  
day of July 2012.

Kevin A. Mulder

Notary Signature

Notary Public,

In and for the County of Franklin

State of Ohio

My commission expires: 11 / 21 / 2015



KEVIN A. MULDER  
Notary Public, State of Ohio  
My Commission Expires  
11-21-2015

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

I, DAN BLANTON 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.

Daniel Blanton

Signature of Attorney-in-Fact

July 11, 2011

Date

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

I, N/A 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.

N/A

Signature of Successor Attorney-in-Fact

Date

12310-00000-00400  
3630 HENDRON ROAD

*California residents or persons intending that this document be valid in the State of California should use the following California Notary Acknowledgment form:*

**California Notary Acknowledgment**

State of California

County of \_\_\_\_\_ } S.S.

On \_\_\_\_\_, before me, \_\_\_\_\_

(name and title of notary), personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the above instrument and acknowledged to me that they/he/she executed the instrument in their/his/her authorized capacity. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Witness my hand and official seal.

\_\_\_\_\_  
Notary Signature

Seal

**12310-00000-00400**  
**3630 HENDRON ROAD**



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## AFFIDAVIT

**12310-00000-00400**  
**3630 HENDRON ROAD**

STATE OF OHIO  
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (1) NAME Daniel Blanton  
of (1) MAILING ADDRESS 1658 Frank Rd Columbus Ohio 43123  
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) Cheryl Davis  
3630 Hendron Rd  
Groveport Ohio 43125

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

Daniel Blanton  
1658 Frank Rd Col OH 43223

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

(5) Far South Area Commission  
4080 S High St Col Ohio 43207  
Robins Watson 614-306-4602

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

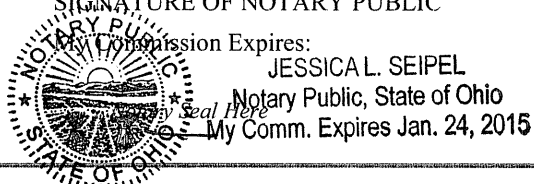
☐ (7) Check here if listing additional property owners on a separate page.

SIGNATURE OF AFFIANT

Subscribed to me in my presence and before me this 16 day of July, in the year 2012

SIGNATURE OF NOTARY PUBLIC

(8) Daniel Blanton  
(8) Jessica L. Seipel  
1-24-2015



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### STATEMENT OF HARDSHIP

12310-00000-00400  
3630 HENDRON 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:

in accordance with Local Code we are Allowed  
720 Sq Ft of Garage Space with our current proposal  
plans my garage will be approximately 804 Sq Ft  
this addition to the garage provides us with  
addition to our living space above we ask that  
to allow for our growing family and so that  
we won't have to incur additional cost to have the  
drawing redone that we may be allowed to continue  
with our addition

Signature of Applicant

*Chris D. Jones*

Date

*July 16 2012*

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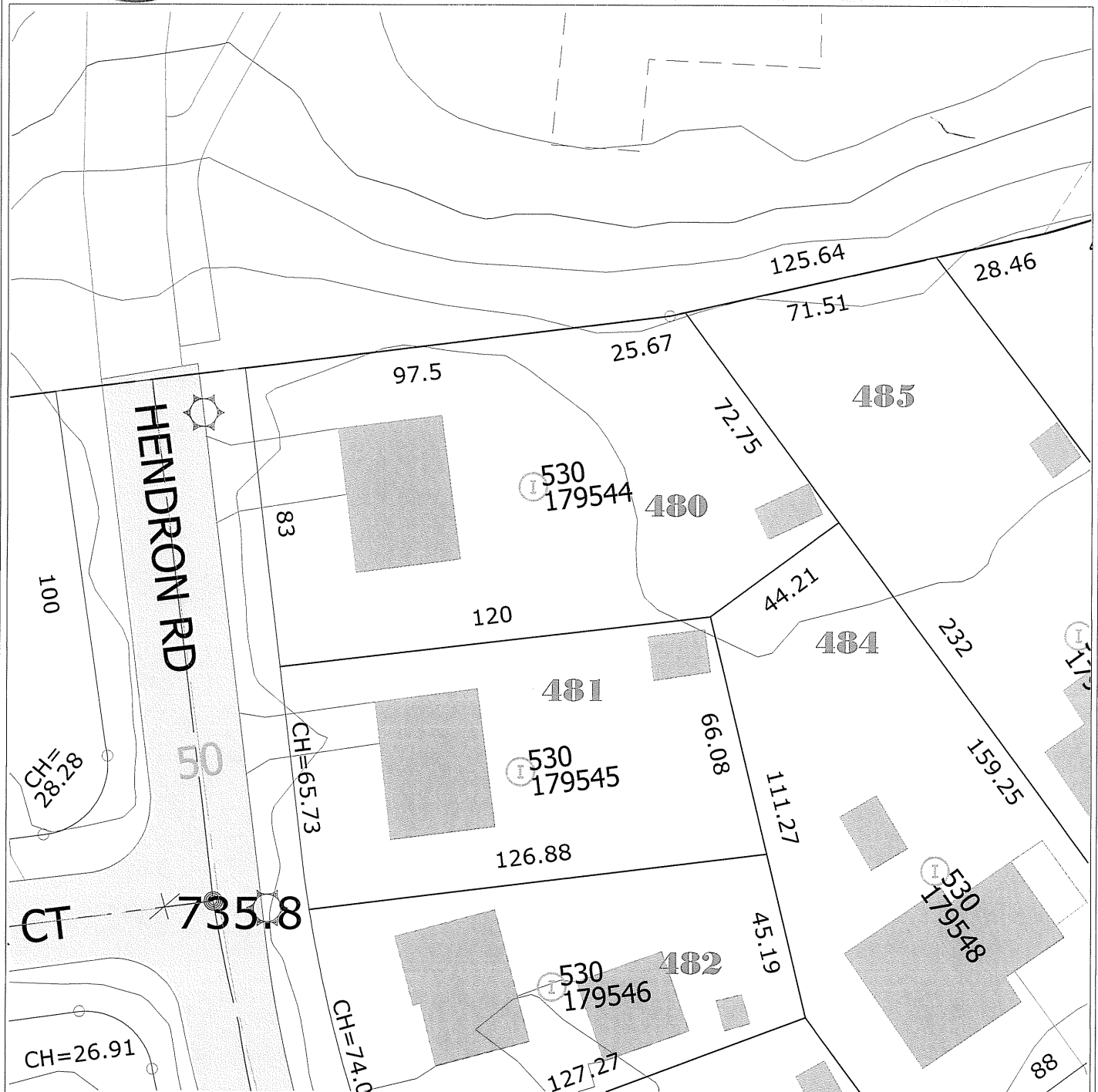




# CLARENCE E MINGO II FRANKLIN COUNTY AUDITOR

MAP ID: MB

DATE: 7/12/12



Disclaimer

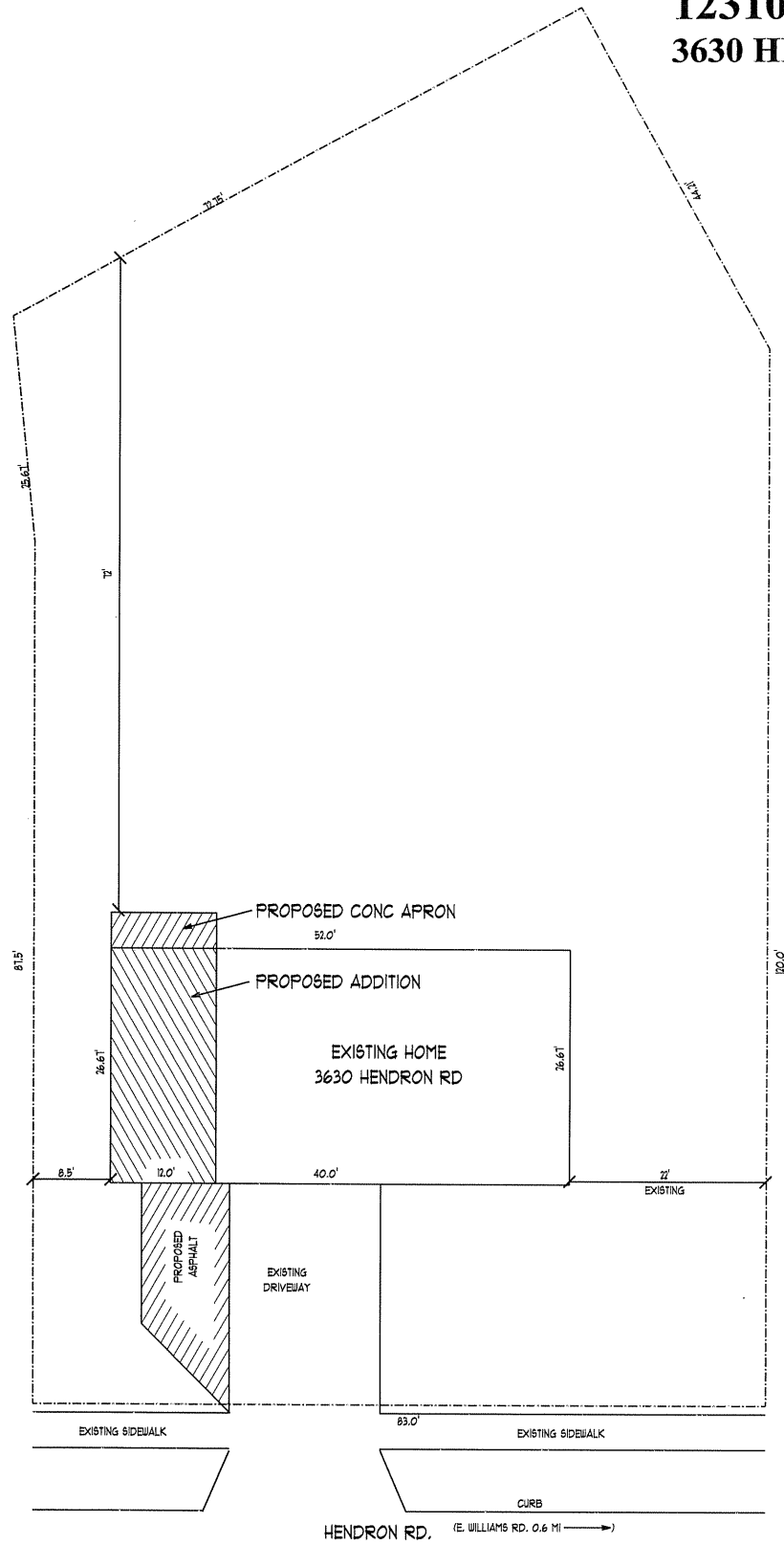
Scale = 40



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

12310-00000-00400  
3630 HENDRON ROAD



**SITE PLAN**  
SCALE: 1" = 20'



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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 # 12310-00000-00400  
3630 HENDRON ROAD

STATE OF OHIO  
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) Daniel Blanton  
of (COMPLETE ADDRESS) 1658 FRANK Rd Col Ohio 43223  
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

Cheryl Davis

3630 Hendron Rd Groveport Oh 43125

SIGNATURE OF AFFIANT

Daniel Blanton

Subscribed to me in my presence and before me this 16 day of July, in the year 2012

SIGNATURE OF NOTARY PUBLIC

Jessica L. Seipel  
12-24-2015

My Commission Expires:



Seal Here JESSICA L. SEIPEL  
Notary Public, State of Ohio  
My Comm. Expires Jan. 24, 2015

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