



OFFICE USE ONLY

Application # 210-006  
Fee: 1st acre (\$1,850 or \$3,200): \_\_\_\_\_  
Each additional acre (\$185 or \$315) \_\_\_\_\_  
Total: \_\_\_\_\_

Date of Submittal: 3/30/10  
Planning Area: Northeast  
Received by: DH

PAID

# REZONING APPLICATION

## LOCATION AND ZONING REQUEST

Certified Address (for Zoning Purposes) 2353 Innis Road Zip 43224

Is this application being annexed into the City of Columbus? **Y** or **N** (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 445-288305 / 445-288304 / 010-146482  
 Check here if listing additional parcel numbers on a separate page.

Current Zoning District(s) R / R-1 Requested Zoning District(s) C-2  
Recognized Area Commission or Civic Association Northeast Area Commission

See instructions in "Things to Remember" on front of application packet.  
Proposed Use or reason for rezoning request: Medical clinic (continue on separate page if necessary)  
Proposed Height District: 35' Acreage 7.714 +/- acres  
*(Columbus City Code Section 3309.14)*

## APPLICANT

Name Capital Park Family Health Center Corp.  
Address 882 S. Hamilton Rd. City Whitehall Zip 43213  
Phone# 338-6820 Fax # 338-6837 Email \_\_\_\_\_

## PROPERTY OWNER(S)

Name Columbus Housing Partnership Inc.  
Address 562 E. Main St. City Columbus Zip 43215  
Phone# 221-8889 Fax # \_\_\_\_\_ Email \_\_\_\_\_  
 If applicable, check here if listing additional property owners on a separate page (REQUIRED)

## ATTORNEY / AGENT (CIRCLE ONE IF APPLICABLE)

Name David Hodge / Smith & Hale LLC  
Address 37 W. Broad St., Suite 725 City Columbus Zip 43215  
Phone# 221-4255 Fax # 221-4409 Email \_\_\_\_\_

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

Applicant Signature Capital Park Family Health Center Corp. By: David Hodge  
Property Owner Signature Columbus Housing Partnership Inc. By: David Hodge  
Attorney/Agent Signature \_\_\_\_\_ By: David Hodge

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.  
City of Columbus | Department of Development | Building Services Division | 757 Carolyn Avenue, Columbus, Ohio 43224



# City of Columbus Zoning Plat

## 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: 445288305

Zoning Number: 2353

Street Name: INNIS RD

Subdivision: N/A

Lot Number: N/A

Requested By: SMITH & HALE LLC

Issued By: *Adugna Amarian*

Date: 3/23/2010



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

SCALE: 1 inch = 100 feet

GIS NOS FILE NUMBER: 3202



# CLARENCE E MINGO II FRANKLIN COUNTY AUDITOR

MAP ID: dlh

DATE: 3/22/10



Disclaimer

Scale = 300

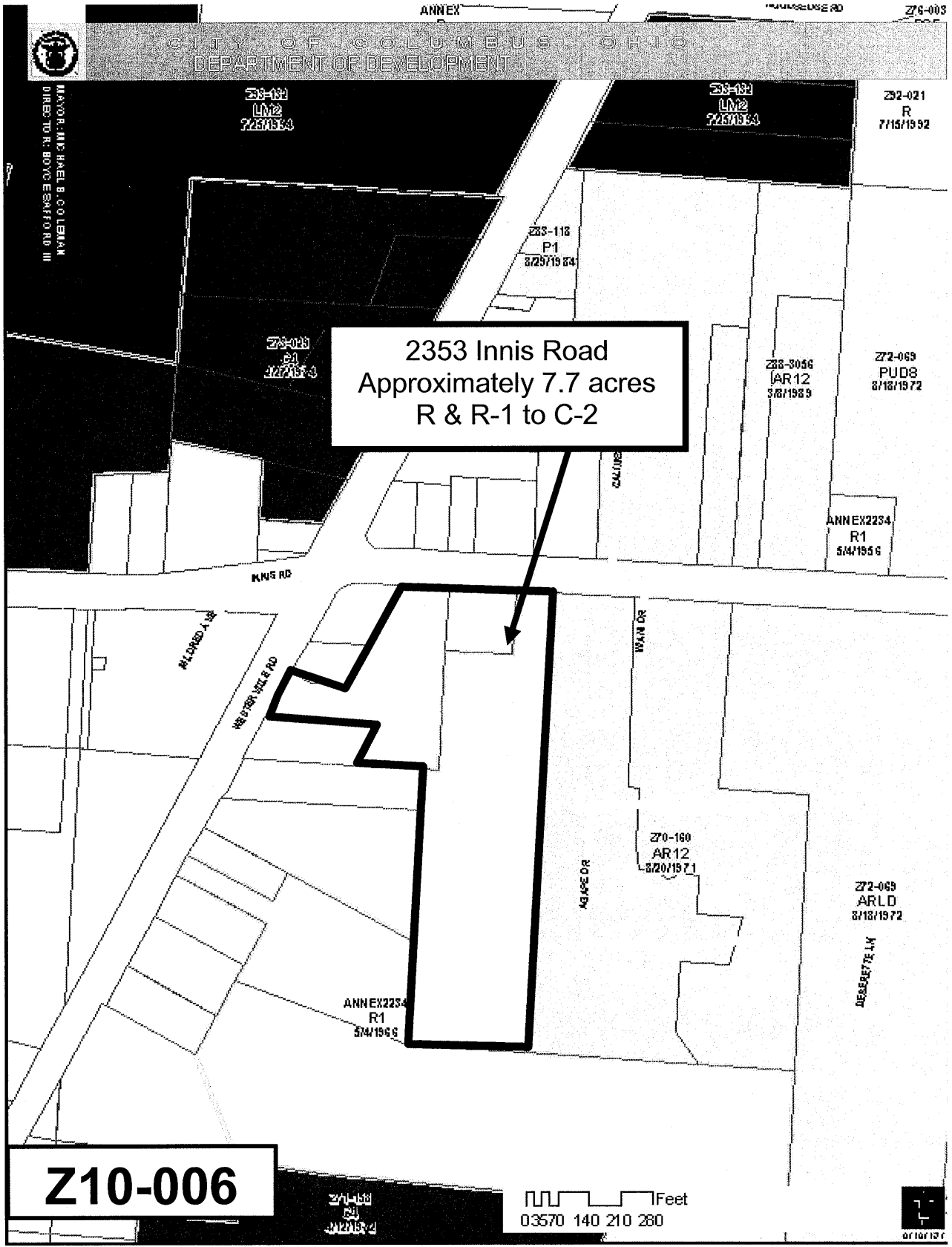


This map is prepared for the real property inventory within this county. It is compiled from recorded deeds, survey plats, and other public records and data. Users of this map are notified that the public primary information sources should be consulted for verification of the information contained on 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.

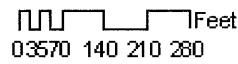


CITY OF COLUMBUS, OHIO  
DEPARTMENT OF DEVELOPMENT

MANOR MICHAEL B. COLLEMAN  
DIRECTOR, BOTO EXHIBIT III



**Z10-006**



07/10/1977



MAYOR: MICHAEL B. COLBMAN  
DIRECTOR: R. BOYD SMITH RD III

WINDYBUSH RD

2353 Innis Road  
Approximately 7.7 acres  
R & R-1 to C-2

INNIS RD

RIADRED AVE

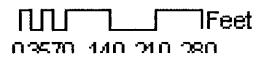
HEBERT HILL RD

WAIN DR

AGAPE DR

DEBBETTE LN

**Z10-006**





# AFFIDAVIT

(See instruction sheet)

STATE OF OHIO  
COUNTY OF FRANKLIN

APPLICATION # 210-006

Being first duly cautioned and sworn (1) NAME David Hodge  
of (1) MAILING ADDRESS 37 W. Broad St., 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) CERTIFIED ADDRESS FOR ZONING PURPOSES 2353 Innis Road  
for which the application for a rezoning, variance, special permit or graphics plan was filed with the Department of  
Development, Building Services Division on (3) 3/30/10  
(THIS LINE TO BE FILLED OUT BY CITY STAFF)

SUBJECT PROPERTY OWNER'S NAME  
AND MAILING ADDRESS  
 Check here if listing additional property  
owners on a separate page.

(4) Columbus Housing Partnership Inc.  
562 E. Main St.  
Columbus, OH 43215

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

Capital Park Family Health Center Corp.  
338-6820

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

(5) Northeast Area Commission  
c/o Mrs. Alice Porter  
3130 McCutcheon Place  
Columbus, OH 43219

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  
Subscribed to me in my presence and before me this  
SIGNATURE OF NOTARY PUBLIC  
My Commission Expires:

8) David Hodge  
30<sup>th</sup> day of March, in the year 2010  
Natalie C. Patrick  
9/4/2010

*This Affidavit expires six months after date of notarization.*

Notary Seal Here



NATALIE C. PATRICK  
Notary Public, State of Ohio  
My Commission Expires 09-04-10



# 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.

STATE OF OHIO  
COUNTY OF FRANKLIN

APPLICATION # 210-006

Being first duly cautioned and sworn (NAME) David Hodge  
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 in the following format:

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

<p>1. Capital Park Family Health Center Corp. 882 S. Hamilton Rd. Whitehall, OH 43213</p> <p>Joy Parker 338-6820 12 Columbus based employees</p>	<p>2. Columbus Housing Partnership 562 E. Main St. Columbus, OH 43215</p> <p>George Tabit 545-4850</p>
<p>3.</p>	<p>4.</p>

Check here if listing additional parties on a separate page.

SIGNATURE OF AFFIANT

David Hodge

Subscribed to me in my presence and before me this 30<sup>th</sup> day of March in the year 2010

SIGNATURE OF NOTARY PUBLIC

Natalie C. Patrick

My Commission Expires:

9/4/2010

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

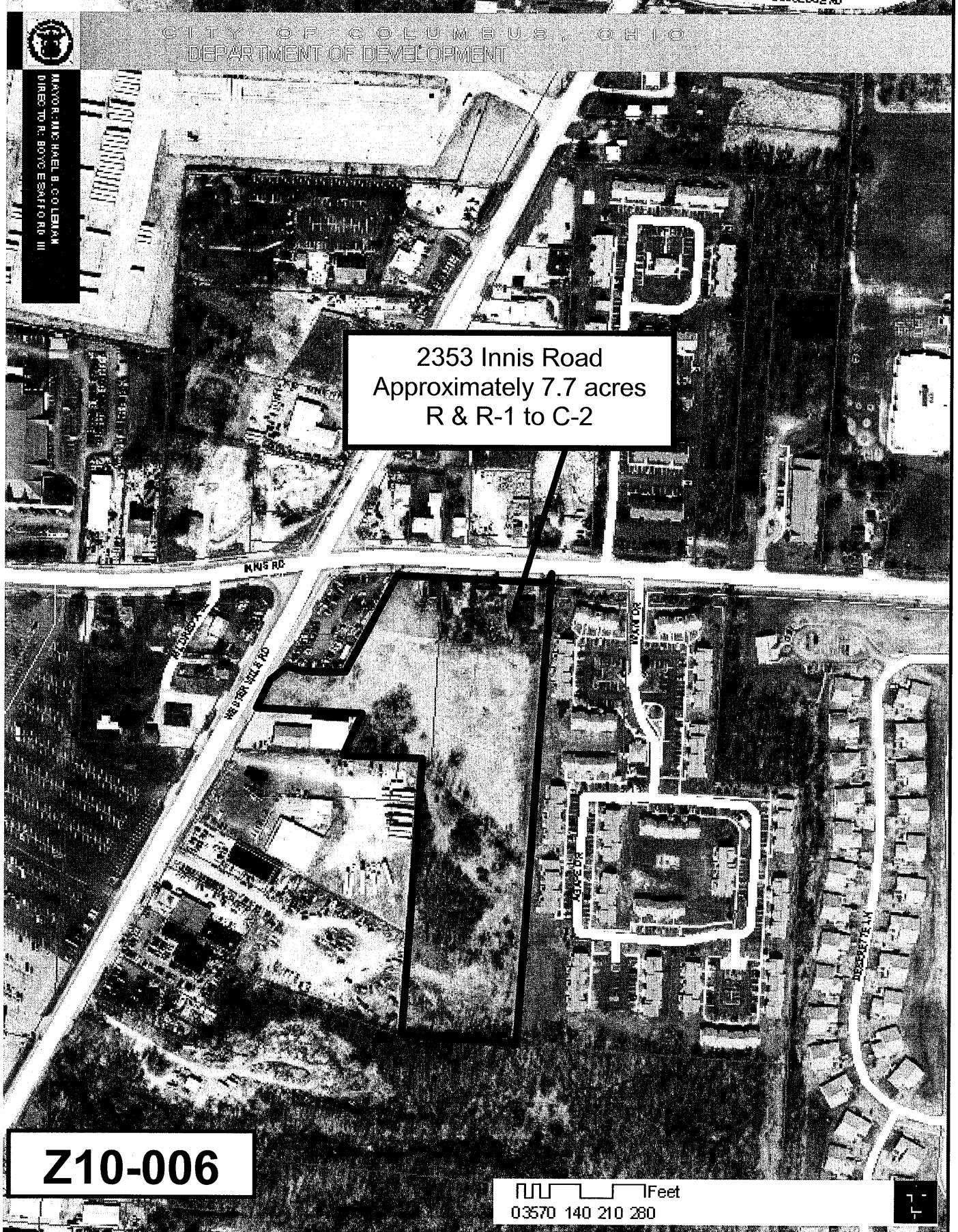


NATALIE C. PATRICK  
Notary Public, State of Ohio  
My Commission Expires 09-04-10



MANAGER: JAMES HANEL B. COLEMAN  
DIRECTOR: R. BOYD ESKOFFER III

2353 Innis Road  
Approximately 7.7 acres  
R & R-1 to C-2



**Z10-006**

0 3570 140 210 280 Feet

