



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: 11310-00000-00288
Date Received: 27 MAY 2011
Commission/Group: NORTH EAST A.C.
Existing Zoning: R, RURAL Application Accepted by: JF Fee: \$315
Comments:

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

[X] Variance [] Special Permit

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

To Park and House SEMI TRUCK. When Home on OFF TIME
And make Repair to Truck as needed

LOCATION

1. Certified Address Number and Street Name 1947 Sunbury Road
City Columbus State OH Zip 43219
Parcel Number (only one required) 010-252467

APPLICANT: (IF DIFFERENT FROM OWNER)

Name Dorcella L & James Jr Washington
Address 1947 Sunbury Road City/State Columbus Zip 43219
Phone # 614-323-1785 Fax # Email

PROPERTY OWNER(S):

Name Dorcella L & James Jr Washington
Address 1947 Sunbury Road City/State Columbus, OH Zip 43219
Phone # 614-323-1785 Fax # Email
[] Check here if listing additional property owners on a separate page.

ATTORNEY / AGENT (CHECK ONE IF APPLICABLE)

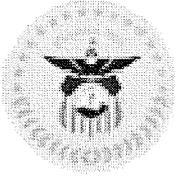
[] Attorney [X] Agent

Name Robert Twyman
Address 2062 Terman Drive City/State Columbus, OH Zip 43219
Phone # 614-900-3714 Fax # Email: TwymanRobert@ymazl.com

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

APPLICANT SIGNATURE: James Washington Jr
PROPERTY OWNER SIGNATURE: Dorcella L Washington
ATTORNEY / AGENT SIGNATURE: Robert Twyman

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 SERVICE

11310-00000-00288
1947 SUNBURY ROAD

One Stop Shop Zoning Report Date: Wed Jun 29 2011

Zoning General Inquiry: 614-645-8637

SITE INFORMATION

Address: 1947 SUNBURY RD COLUMBUS OH 43219

Mailing Address: 1 HOME CAMPUS
DES MOINES, IA 50328

Owner: WASHINGTON DORCELLA L WASHINGTON

Parcel Number: 010252467

ZONING INFORMATION

Zoning: ANNEX, Residential, R
effective 2/23/2000, Height District H-35

Council Variance: N/A

Board of Zoning Adjustment (BZA): N/A

Graphic Commission: N/A

Area Commission: Northeast Area Commission

Planning Overlay: N/A

Historical District: N/A

Historical Site: No

Overlay: N/A

Flood Zone: OUT

Airport Noise Environ: N/A

PENDING ZONING ACTION

Zoning: N/A

Board of Zoning Adjustment (BZA): N/A

Council Variance: N/A

Graphic Commission: N/A





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1947 SUNBURY ROAD

AFFIDAVIT

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (1) NAME DORCELLA L WASHINGTON, James Washington Jr
of (1) MAILING ADDRESS 1947 Sunbury Road Columbus, Ohio 43219
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) DORCELLA L WASHINGTON
James Washington Jr
1947 Sunbury Road
Columbus, Ohio 43219

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

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

(5) _____

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
DORCELLA L WASHINGTON & JAMES WASHINGTON JR
1947 Sunbury Road
1947 Sunbury Road Columbus, Ohio 43219

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

SIGNATURE OF AFFIANT

(8) James Washington Jr
DORCELLA LEE WASHINGTON

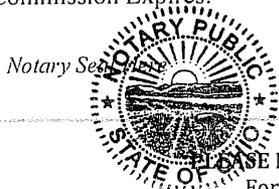
Subscribed to me in my presence and before me this

25 day of MAY, in the year 2011

SIGNATURE OF NOTARY PUBLIC

(8) [Signature]
SEPT 26, 2015

My Commission Expires:



CALVIN WIJNHAMER
Notary Public, State of Ohio
My Comm. Expires Sept. 26, 2015

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If the attorney-in-fact named above is unable or unwilling to serve, then I appoint

NA, of NA,
City of NA, State of NA, to be my
successor attorney-in-fact for all purposes hereunder.

My attorney-in-fact is granted full and unlimited power to act on my behalf in the same manner as if I were personally present with respect only to the matters that I have listed above. My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers advisable. 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 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. Revocation of this document is not effective unless a third party has actual knowledge of such revocation.

Signature and Declaration of Principal

James Washington Jr and
I, *Dorcella Lee Washington*, the principal, sign my name to this power of attorney
this _____ day of _____ 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 influ-
ence, and that I have read and understand the contents of the notice at the beginning of this document.

X *James Washington Jr*
X *Dorcella Lee Washington*

Signature of Principal

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 princi-
pal, 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

If the attorney-in-fact named above is unable or unwilling to serve, then I appoint

NA, of NA,
City of NA, State of NA, to be my
successor attorney-in-fact for all purposes hereunder.

My attorney-in-fact is granted full and unlimited power to act on my behalf in the same manner as if I were personally present with respect only to the matters that I have listed above. My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers advisable. 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 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. Revocation of this document is not effective unless a third party has actual knowledge of such revocation.

Signature and Declaration of Principal

James Washington Jr and
I, Dorcella Lee Washington, the principal, sign my name to this power of attorney
this _____ day of _____ 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 influ-
ence, and that I have read and understand the contents of the notice at the beginning of this document.

X *James Washington Jr*
X *Dorcella Lee Washington*
Signature of Principal

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 princi-
pal, 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 Florida County of Broward
Subscribed, sworn to and acknowledged before me by James A Dorcail ^{Washington}, the Principal,
and subscribed and sworn to before me by Franklin Washington, witness, this
day of May 18, 2011.

Fabiola Ilus
Notary Signature

Notary Public,
In and for the County of Broward
State of Florida
My commission expires: May 18, 2014

Seal



Acknowledgment and Acceptance of Appointment as Attorney-in-Fact

I, Robert Twyman (GENO) 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.

[Signature] Date 5-18-2011
Signature of Attorney-in-Fact

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

I, NA 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.

NA Date NA
Signature of Successor Attorney-in-Fact

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STATEMENT OF HARDSHIP

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1947 SUNBURY 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:

To Be Able To Come Home, With The Semi Truck
And Tractor Do To That me and my Husband Are Truck
Drivers and Have Been For The Last 12 Years. So
Now That We Have parcel and now own 1947 Sunbury
Road thinking with more land that we wouldn't
Have a problem with the truck being on the land
when we are home we will be glad to build a
Garage to house the truck and tractor if need
be to keep it out of view of neighbors. But as
it stands we are scared to come home on the
Fear of (John Hughes) Code enforcement "telling us if
He see the truck He will tow it."

Signature of Applicant

James Washington Jr
Dorella Lee Washington

Date 5-25-2011

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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 # **11310-00000-00288**
1947 SUNBURY ROAD

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) Dorcella L & James JR Washington
of (COMPLETE ADDRESS) _____

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

Dorcella L. Washington
James Washington Jr
1947 Sunbury Rd
Columbus, OH 43219

SIGNATURE OF AFFIANT James Washington Jr
Dorcella L. Washington

Subscribed to me in my presence and before me this 25 day of MAY, in the year 2011

SIGNATURE OF NOTARY PUBLIC [Signature]

My Commission Expires: Sept 26, 2015



CALVIN WIJNHAMER
Notary Public, State of Ohio
My Comm. Expires Sept. 26, 2015

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