



OFFICE USE ONLY

Comments: _____ Application Number: #10320-00545 Commission/Group: _____
 Date Received: 1 DEC 2010 Planning Area: _____
 Date of Hearing: FEB 2010 Acreage: _____
 Fee: \$1900 Existing Zoning: _____
 Accepted by: AF Zoning Map #: _____

PAID
 DEC 1 - 2010
 BUILDING & ZONING SERVICES

GRAPHICS COMMISSION APPLICATION

TYPE(S) OF ACTION REQUESTED

- (Check all that apply)
 Variance Graphics Plan Appeal Special Permit Miscellaneous Graphic

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

Describe: To ALLOW SIGNAGE TO EXTEND ABOVE FINISHED FLOOR ONTO ROOF STRUCTURE PER SEC 3377.26

LOCATION

1. Certified Address Number and Street Name 1145 OLENTANGY RIVER RD
 City Columbus State OH Zip 43212
 Parcel Number (only one required.) 010-067230

APPLICANT

2. Name Signcom Inc
 3. Address 1527 W. Rich St City Columbus Zip 43215
 4. Phone# 614 228 9999 Fax # 614 228 4326
 5. Email Address bwccc@signcominc.com

PROPERTY OWNER(S)

6. Name Gowdy Partners III, LLC (TED POULSON)
 7. Address 1533 Lake Shore Dr City Columbus, Oh Zip 43204
 8. Phone# 614 488 4484 Fax # _____
 9. Email Address tedp@daimler.com
 Check here if listing additional property owners on a separate page

ATTORNEY / AGENT (CIRCLE ONE)

10. Name _____
 11. Address _____ City _____ Zip _____
 12. Phone# _____ Fax # _____
 13. Email Address _____

SIGNATURES

14. Applicant Signature [Signature] (Send V.P.)
 15. Property Owner Signature [Signature]
 16. Attorney/Agent Signature _____

One Stop Shop Zoning Report

Building Services Division
 Department of Development
 Report date: 12/21/2010 11:18:14 AM

Parcel Report

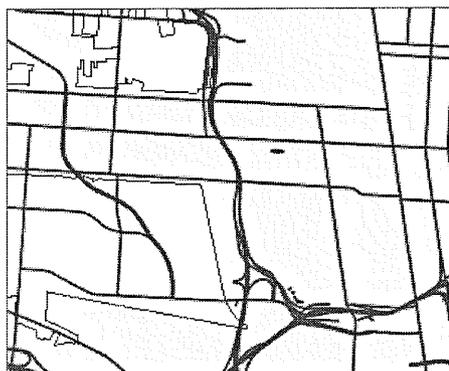
| Parcel ID | Owner | Address |
|-----------|-----------------------|---|
| 010067230 | CITY OF COLUMBUS OHIO | 739 W 3RD AVE COLUMBUS OH 43212 |
| 010067230 | CITY OF COLUMBUS OHIO | 711 W 3RD AVE AGST43 COLUMBUS OH |
| 010067230 | CITY OF COLUMBUS OHIO | 681 W 3RD AVE UGST17 COLUMBUS OH |
| 010067230 | CITY OF COLUMBUS OHIO | 1145 OLENTANGY RIVER RD COLUMBUS OH 43212 |
| 010067230 | CITY OF COLUMBUS OHIO | 743 W 3RD AVE COLUMBUS OH 43212 |

Base Zoning Report

| Case Number | Classification | Height District | Map Number | General Zoning Category | Limitation Text |
|-------------|----------------|-----------------|------------|-------------------------|---------------------------------|
| Z81-031 | C2 | H-35 | 27 | Commercial | (View Document) |
| Z80-080 | R4 | H-35 | 28 | Residential | (View Document) |
| ANNEX1165 | R1 | H-35 | 27 | Residential | (View Document) |
| ORIG | M | H-60 | 27 | Manufacturing | (View Document) |
| Z05-046 | CPD | H-110 | 27 | Commercial | (View Document) |

Flood Zone

| Firm Panel | Flood Zone | SFHA | Panel Type | FZONE |
|------------|------------|------|------------|------------------|
| TBD | AE | IN | CURRENT | AE |
| TBD | AE | IN | CURRENT | AE |
| TBD | AE | IN | CURRENT | AE |
| TBD | X | OUT | CURRENT | X |
| TBD | X500 | OUT | CURRENT | 0.2 PCT ANNUAL * |
| TBD | X | OUT | CURRENT | X |
| TBD | AE | IN | CURRENT | AE |
| TBD | X500 | OUT | CURRENT | 0.2 PCT ANNUAL * |
| TBD | X | OUT | CURRENT | X |
| TBD | X500 | OUT | CURRENT | 0.2 PCT ANNUAL * |
| TBD | AE | IN | CURRENT | AE |
| TBD | X500 | OUT | CURRENT | 0.2 PCT ANNUAL * |



This map is intended to locate the property in question, and provide information about the land use categories governing the use of this parcel. Please consult with zoning staff before making binding decisions based on this information. The property address is not a certified address for building purposes. No warranty is expressed or implied.



AFFIDAVIT

(See next page for instructions)

STATE OF OHIO
COUNTY OF FRANKLIN

APPLICATION # _____

Being first duly cautioned and sworn (1) NAME Bruce Sommerfelt
of (1) MAILING ADDRESS 527 W. Rich St, 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 CERTIFIED ADDRESS FOR PROPERTY 1145 Dentonway River Rd.
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) _____

(THIS LINE TO BE FILLED OUT BY CITY STAFF)

SUBJECT PROPERTY OWNER'S NAME
AND MAILING ADDRESS

(4) Gandy Partners III LLC
1533 Lake Shore Dr
Columbus, OH 43204

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

SIGNCOM Inc (Bruce Sommerfelt)
614 228 9999

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

(5) HARRISON WEST
Jacob Sukosd
planning@harrisonwest.org

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

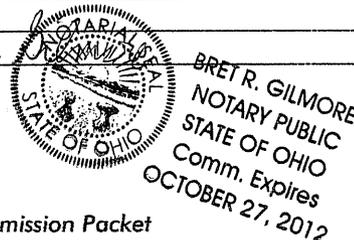
(8) [Signature]

Subscribed to me in my presence and before me this 24 day of November, in the year 2010

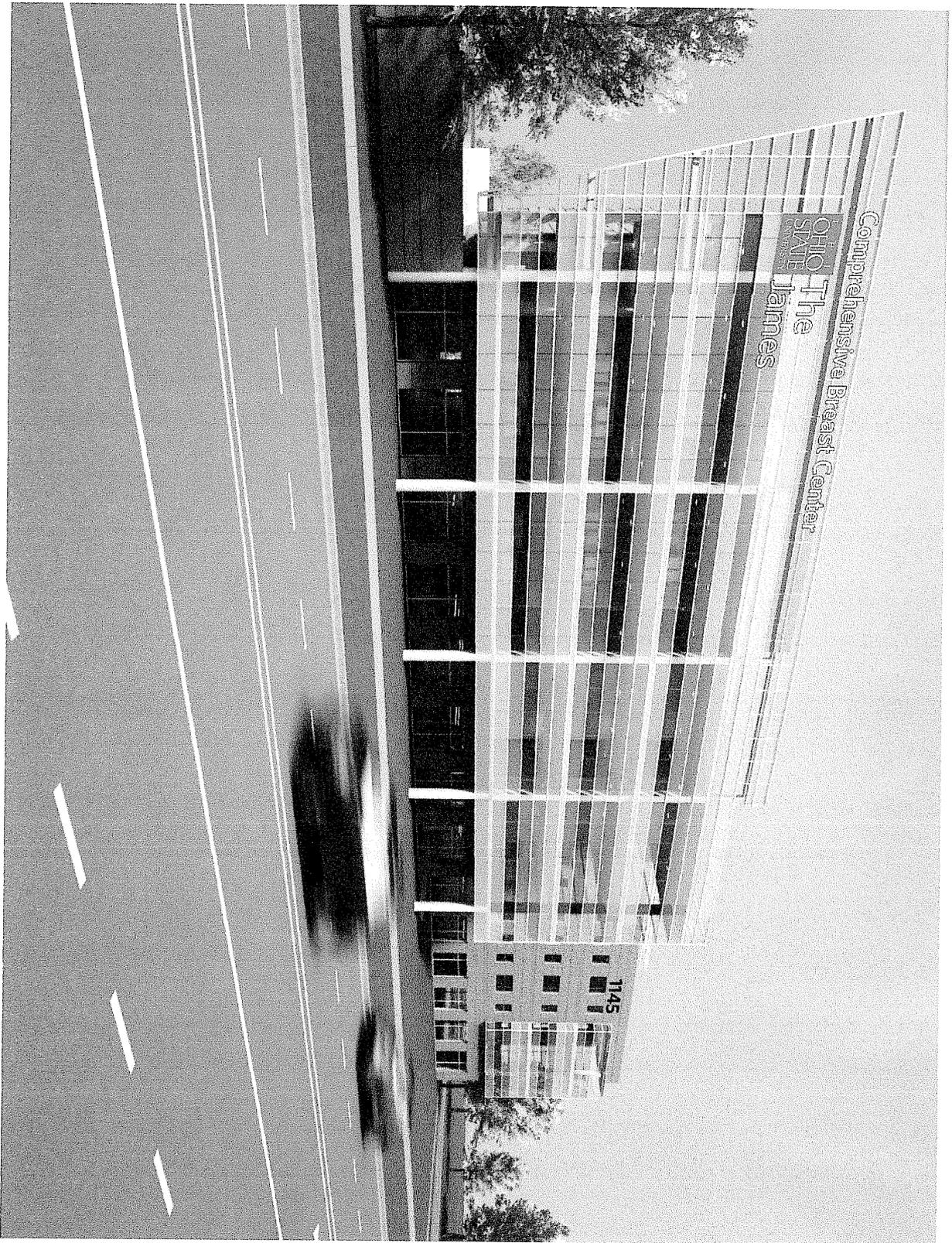
SIGNATURE OF NOTARY PUBLIC

(8) [Signature]

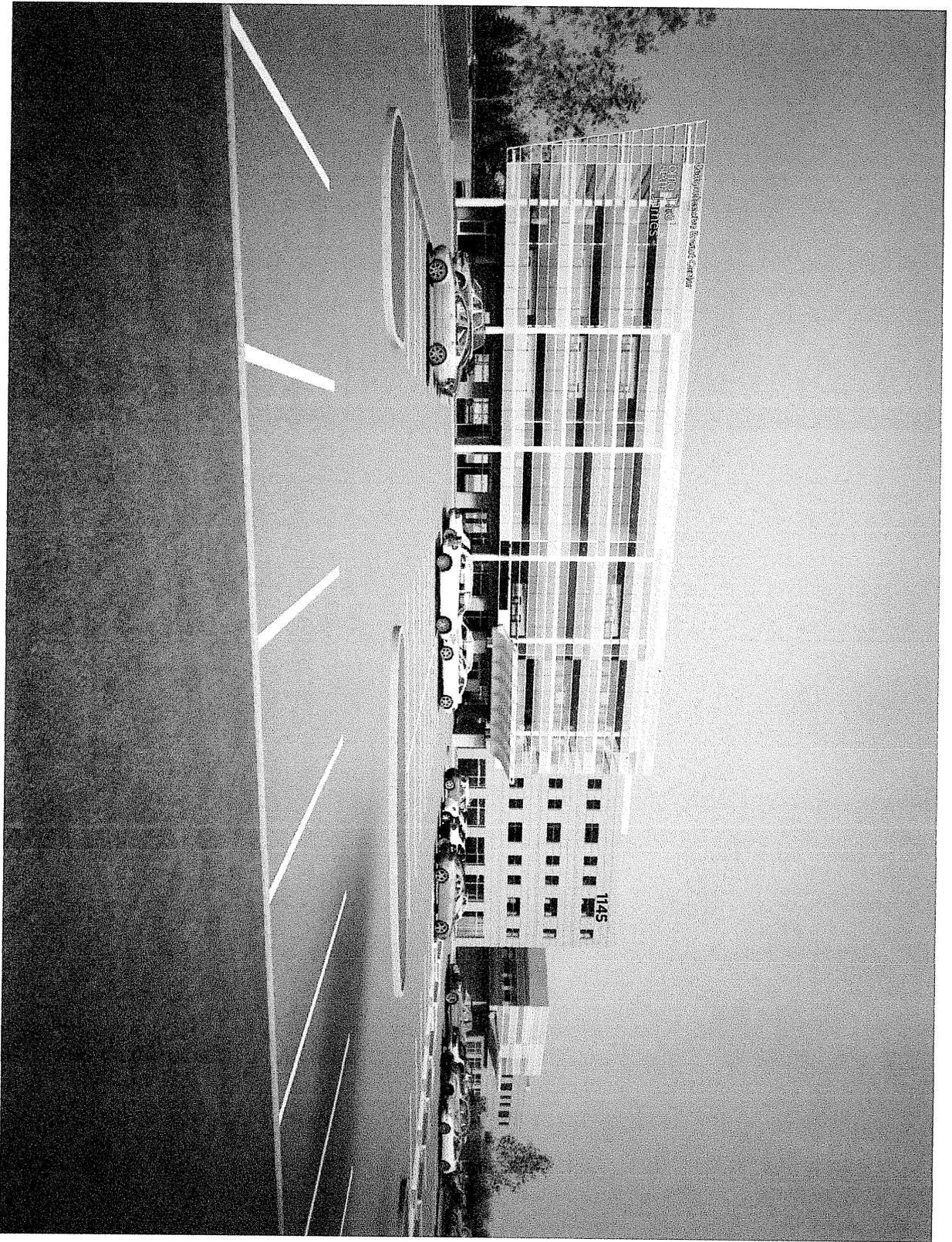
My Commission Expires:



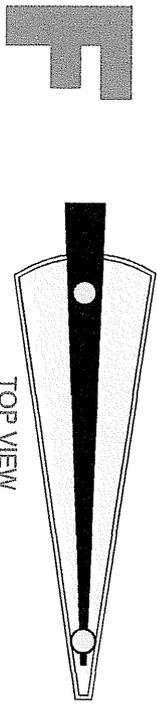
Notary Seal Here



EAST
ELEVATION



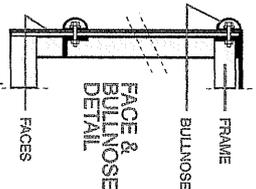
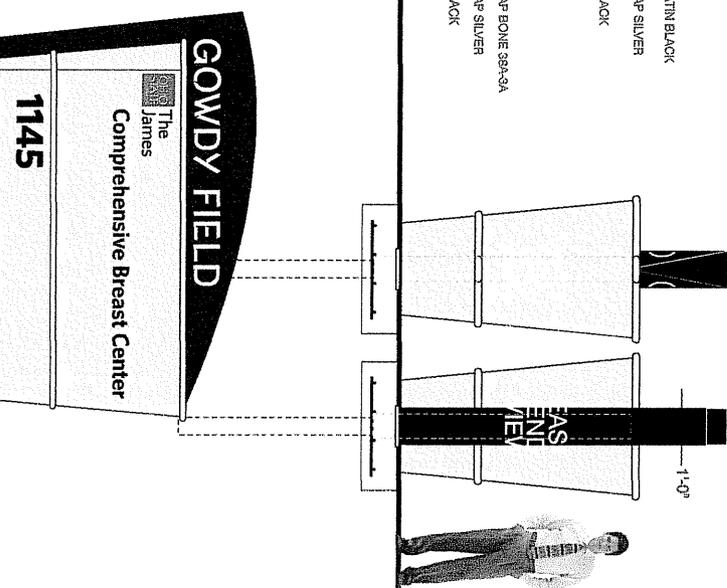
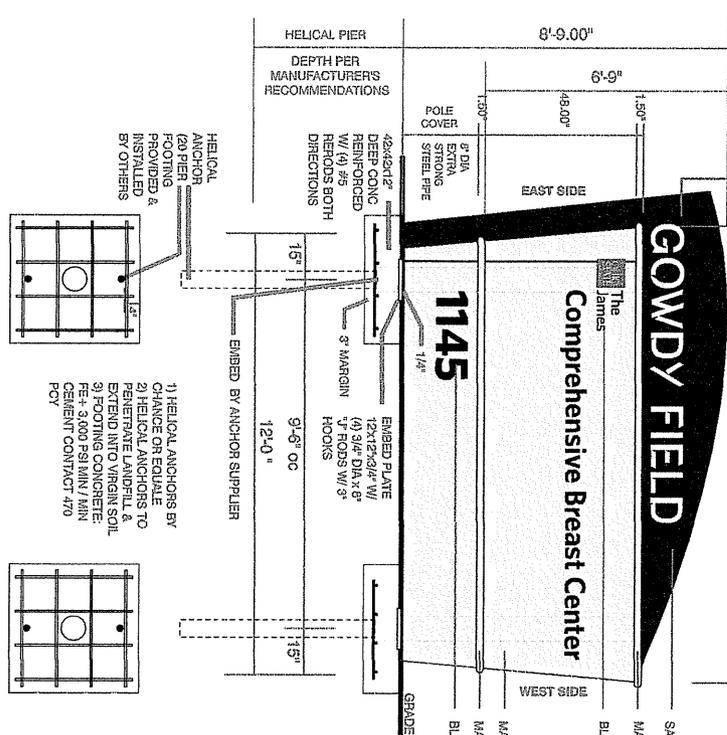
WEST
ELEVATION



TOP VIEW
13'-8.00"

12'-2.00"
SIGN ELEVATION

UPPER GRAPHIC SECTION OF SIGN = 8'1"x146"=82.70 SQ.FT.



Double Faced Monument Sign Specifications

- INSET BLADE SIGN = FABRICATED .090" ALUMINUM PANEL ENCLOSURE ASSEMBLED OVER WELDED 1.50 x 3/16" (L) STEEL FRAMEWORK
- ALL EXTERNAL FASTENERS TO BE COLOR MATCHED & COUNTERSUNK
- GRAPHICS TO BE CNC PRECISION ROUTED OUT OF BACKGROUND & BACKED-UP W/ .50" CLEAR "PUSH THRU" ACRYLIC LETTERS W/ TRANSLUCENT COLOR VINYL APPLIED TO BACK SIDE
- ILLUMINATION VIA 800 INTERNAL 800MA H/O FLUORESCENT LAMPS BEHIND TEXT
- BASE SIGN CABINET = CUSTOM FABRICATED .090" ALUMINUM PANEL ENCLOSURE ASSEMBLED OVER WELDED STEEL
- SEE CALL OUTS
- ELECTRICAL = ALL ELECTRICAL CONSTRUCTION & COMPONENTS IN TO BE IN ACCORDANCE W/ NEC
- COLORS
- FRAMEWORK TO BE ~ CNC PRECISION GENERATED VINYL GRAPHIC OVERLAY APPLIED SMOOTH DIRECTLY ON SURFACE
- BULLNOSE WRAP-AROUNDS = HALF ROUND 1.50" DIA PVC, BOLTED TO FACES
- SUPPORT STRUCTURE = SEE FOUNDATION DETAILS & SUPPORTING STRUCTURE AT LEFT

Large Pylon Sign



SIGNCOM, INC. • 527 WEST RICH STREET • COLUMBUS OHIO 43215 • TELE: 614-228-9999 FAX: 614-228-4326 • EMAIL: INFO@SIGNCOMINC.COM

CUSTOMER APPROVAL _____ DATE _____

PRODUCTION ART REQUIRED (New project or modified project)

PROJECT NAME OSU MEDICAL CENTER / THE JAMES
 LOCATION GOWDY FIELDS / 1145 OLENTANGY RIVER RD.
 CITY COLUMBUS STATE OHIO

REVISION _____ DATE _____
 #14/ 11/30/2010

SALES BMS DATE 3/17/2010
 DESIGN LEE SCALE 1/4"=12"
 PROJECT 14 PROJECT 10-173





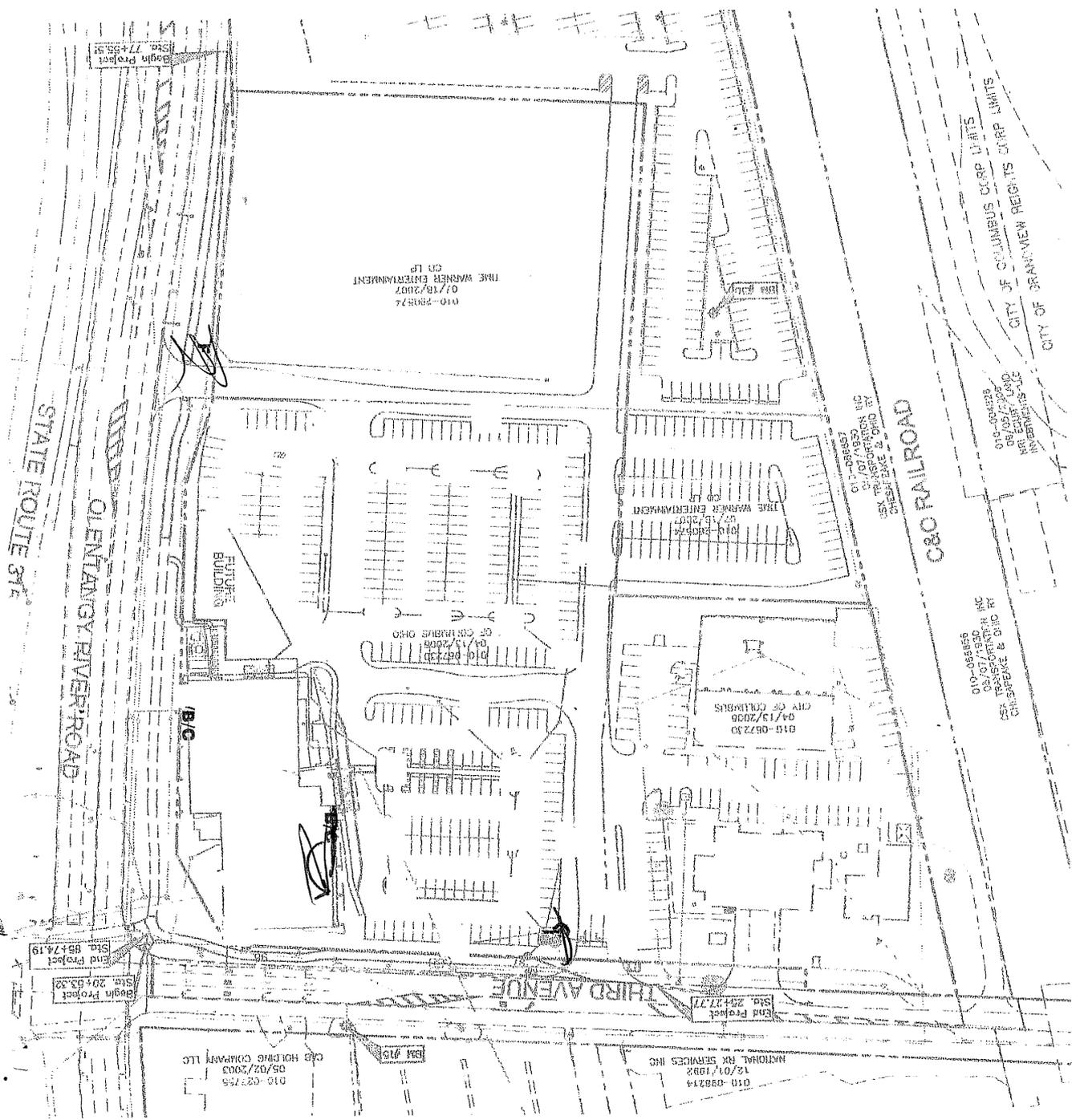
SIGNCOM, INC. • 527 WEST RICH STREET • COLUMBUS OHIO 43215 • TELE: 614-228-9999 FAX: 614-228-4326 • EMAIL: INFO@SIGNCOM.COM

CUSTOMER APPROVAL _____ DATE _____

PRODUCTION ART REQUIRED

PROJECT NAME OSU MEDICAL CENTER / THE JAMES GOWDY FIELDS / 1145 OLENTANGY RIVER RD.
LOCATION COLUMBUS
CITY OHIO

REVISION _____



Note: printed copies in the drawing may vary from actual product.

