



Office Use Only

Comments: _____ Application Number: #011320-00371 Commission/Group: _____
 Date Received: 11 July 2011 Planning Area: _____
 Date of Hearing: SEP 2011 Acreage: _____
 Fee: \$1900 Existing Zoning: _____
 Accepted by: HT Zoning Map #: _____

PAID
JUL 11 2011
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: Sign Graphics plan for Carepoint East

LOCATION

1. Certified Address Number and Street Name 543 Taylor Ave.
 City Columbus State Oh. Zip 43203
 Parcel Number (only one required.) 010-013932

APPLICANT

2. Name SIGNCOM INC
 3. Address 527 W. RICH ST City Columbus Zip 43215
 4. Phone# (614) 228-9999 Fax # (614) 228-4320
 5. Email Address bruce@signcominc.com

PROPERTY OWNER(S)

6. Name Ohio State University
 7. Address 1492 E. Broad St. City Columbus Zip 43205
 8. Phone# (614) 257-3100 Fax # (614) 257-3439
 9. Email Address _____

Check here if listing additional property owners on a separate page

ATTORNEY / AGENT (CIRCLE ONE)

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

SIGNATURES

14. Applicant Signature Bruce Sommerfelt
 15. Property Owner Signature Patricia DePalma For The State of Ohio FBO Ohio State University
 16. Attorney/Agent Signature N/A



CITY OF COLUMBUS

DEPARTMENT OF BUILDING AND ZONING SERVICE

One Stop Shop Zoning Report Date: Thu Jul 21 2011

Zoning General Inquiry: 614-645-8637

SITE INFORMATION

Address: 543 TAYLOR AVE COLUMBUS OH 43203

Mailing Address: PO BOX 183105
COLUMBUS OH 43218

Owner: STATE OF OHIO FBO OHIO STATE UNI

Parcel Number: 010013932

ZONING INFORMATION

Zoning: Z92-012A, Commercial, CPD
effective 1/4/1993, Height District H-110

Council Variance: N/A

Board of Zoning Adjustment (BZA): N/A

Graphic Commission: N/A

Area Commission: Near East Area Commission

Planning Overlay: I-670 Graphics Control

Historical District: N/A

Historical Site: No

Overlay: N/A

Flood Zone: OUT

Airport Noise Environ: N/A

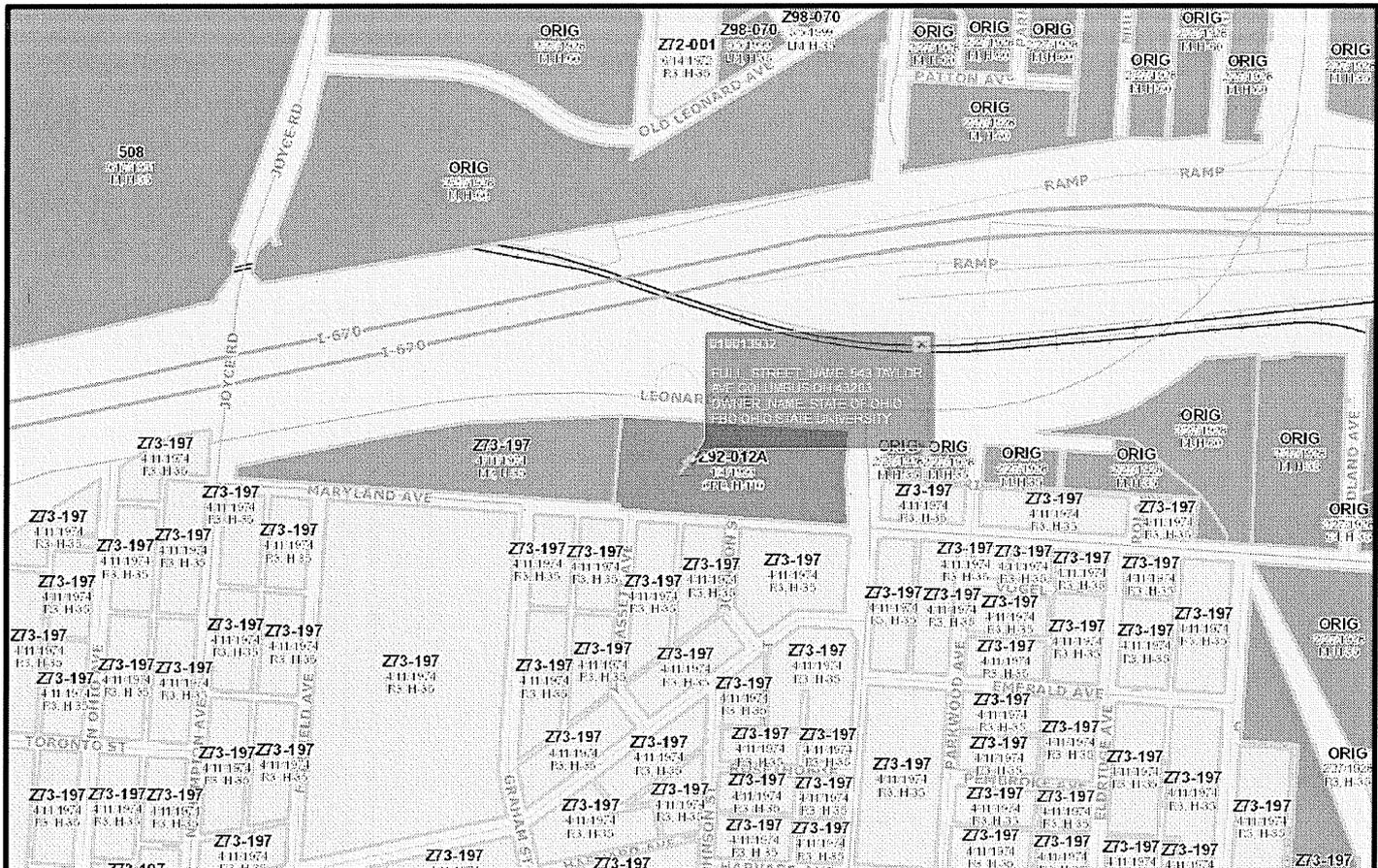
PENDING ZONING ACTION

Zoning: N/A

Board of Zoning Adjustment (BZA): N/A

Council Variance: N/A

Graphic Commission: N/A





AFFIDAVIT

(See next page for instructions)

STATE OF OHIO
COUNTY OF FRANKLIN

APPLICATION # _____

Being first duly cautioned and sworn (1) NAME MELODY WARD - SIGNCOM
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 543 Taylor Avenue
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) Ohio State University
1492 East Broad Street
Columbus OH 43205

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

Signcom Inc
614-228-9999

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

(5) Northeast Area Commission
Annie Ross-Womack
874 Oakwood, Col's OH 43206
258-7617

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

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

SIGNATURE OF AFFIANT

(8) Melody L. Ward

Subscribed to me in my presence and before me this 30th day of June, in the year 2011

SIGNATURE OF NOTARY PUBLIC

(8) Bret R. Gilmore

My Commission Expires: 10/27/2012





**OSU CAREPOINT EAST
543 TAYLOR RD
COLUMBUS, OH.**

TO PRESENT A GRAPHIC PLAN THAT ALLOWS FOR A ROOF MOUNTED SIGN ON THE NORTH ELEVATION:

PER COLUMBUS GRAPHIC CODE SECTION: 3377.26; WHICH MAKES ALLOWANCES FOR A ROOF SIGN AS PART OF AN APPROVED GRAPHIC PLAN.

- A) BUILDING IS 38' 6" TALL ALLOWING FOR A ROOF SIGN IN ADDITION TO OTHER PERMANENT WALL SIGNS PROVIDED GRAPHIC AREA OF ROOF AND WALL SIGNS DOES NOT EXCEED THE MAXIMUM ALLOWED BY CODE. (THE OVERALL SQUARE FOOTAGE OF ALL SIGNAGE WILL NOT EXCEED THE ALLOWANCE)
- B) THE ROOF SIGN STRUCTURE WILL APPEAR AS AN INTERGRAL PART OF THE SUPPORTING BUILDING (SEE DESIGN)
- C) THE STRUCTURAL SUPPORT IS ENCLOSED TO FORM A BACKGROUND FOR SIGN COPY
- D) THE SIGN COPY IS LIMITED TO THE IDENTIFICATION OF THE BUILDING
- E) THE PLANE OF THE SIGN APPEARS AS A VERTICAL CONTINUATION OF THE BUILDING WALL PLANE
- F) THE ROOF SIGN DOES NOT EXTEND BEYOND THE VERTICAL BOUNDARIES OF THE WALL
- G) THE HEIGHT DISTRICT ON THE ZONING REPORT SHOWS H-110. THE OVERALL HEIGHT TO TOP OF ROOF SIGN WILL BE 47'6"
- H) TO ALLOW OTHER GRAPHICS PER C-4 STANDARDS WITHOUT AMENDMENT TO THIS GRAPHIC PLAN

By: _____

Osu

By: _____

Signcom inc

527 W. RICH ST.
COLUMBUS, OH.
43215
614-228-9999
FAX-228-4326



City of Columbus

Address Plat

CERTIFIED HOUSE NUMBERS

The House Numbers Contained on This Form
are Herein Certified for Securing
of Building & Utility Permits

Parcel ID: 010013932

Project Name: OSU CAREPOINT EAST

House Number: 543

Street Name: TAYLOR AVE

Lot Number: N/A

Subdivision: N/A

Work Done: SIGN

Complex: CHALMERS P WYLIE VETERANS CLINIC

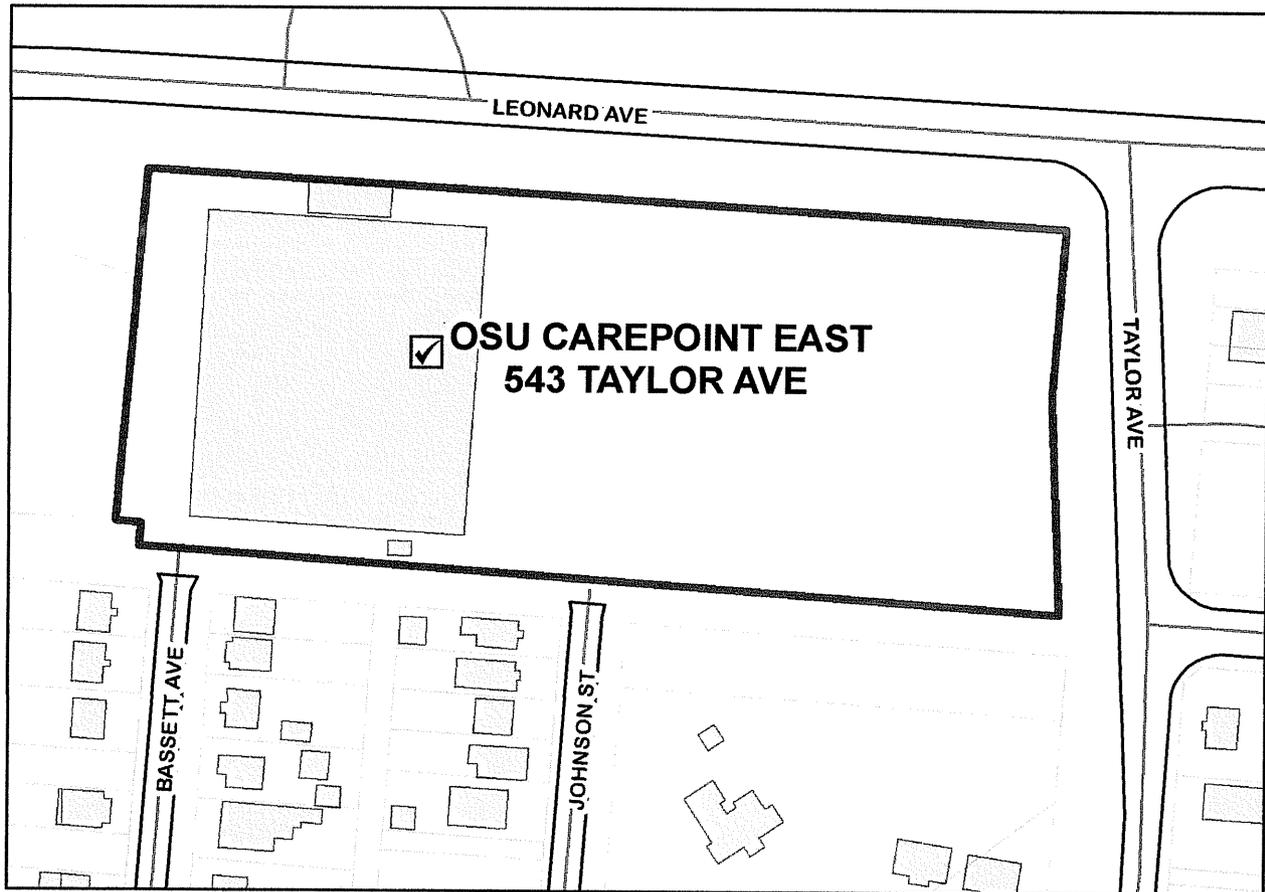
Owner: STATE OF OHIO FBO OHIO STATE UNIVERSITY

Requested By: SIGNCOM (MELODY WARD)

Printed By: _____

James R Reagan

Date: 7/5/2011



SCALE: 1 inch = 150 feet



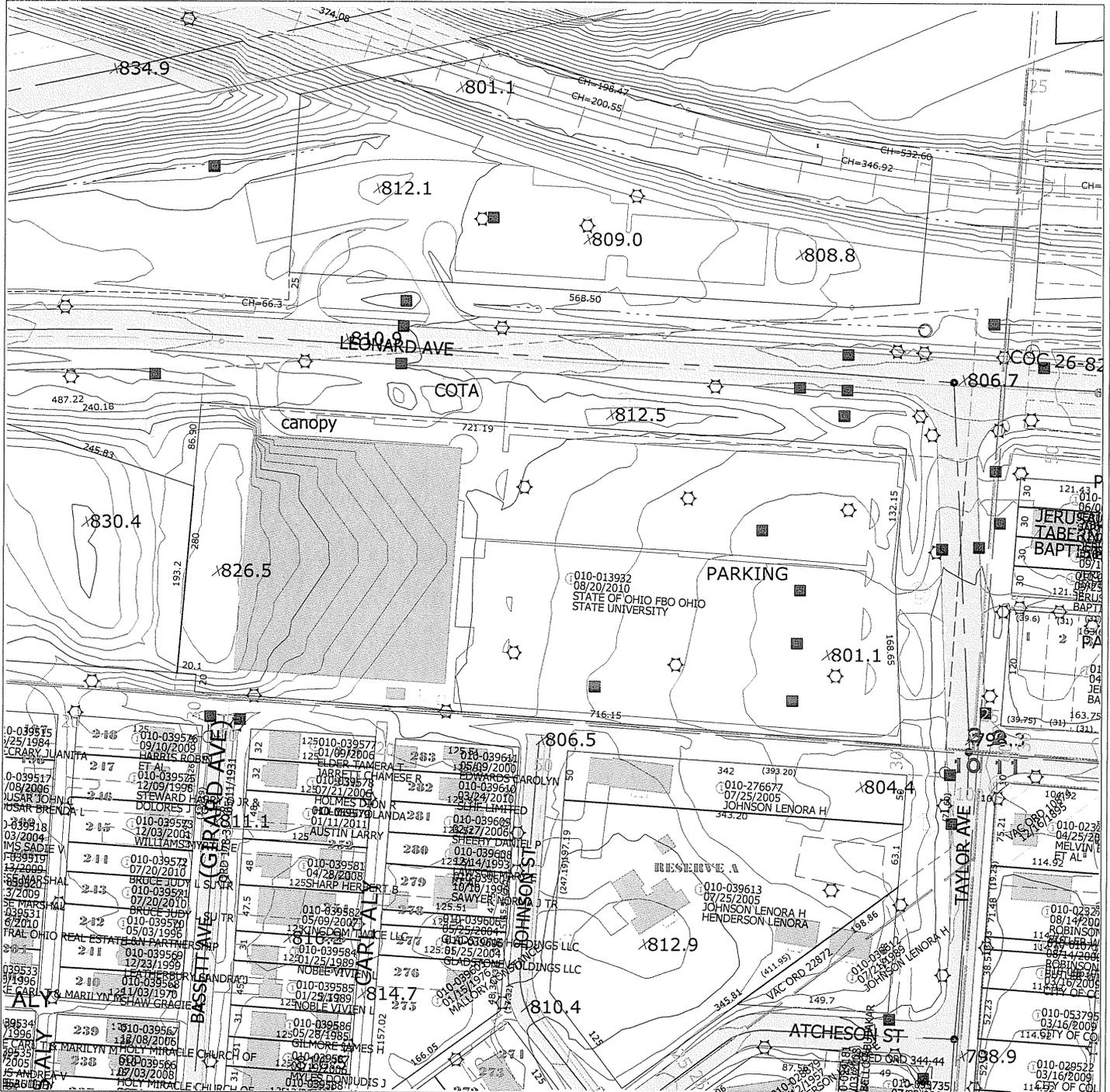
PATRICIA A. AUSTIN, P.E., ADMINISTRATOR
DIVISION OF PLANNING AND OPERATIONS
COLUMBUS, OHIO

GIS FILE NUMBER: 545194



CLARENCE E MINGO II FRANKLIN COUNTY AUDITOR

MAP ID: S DATE: 7/6/11

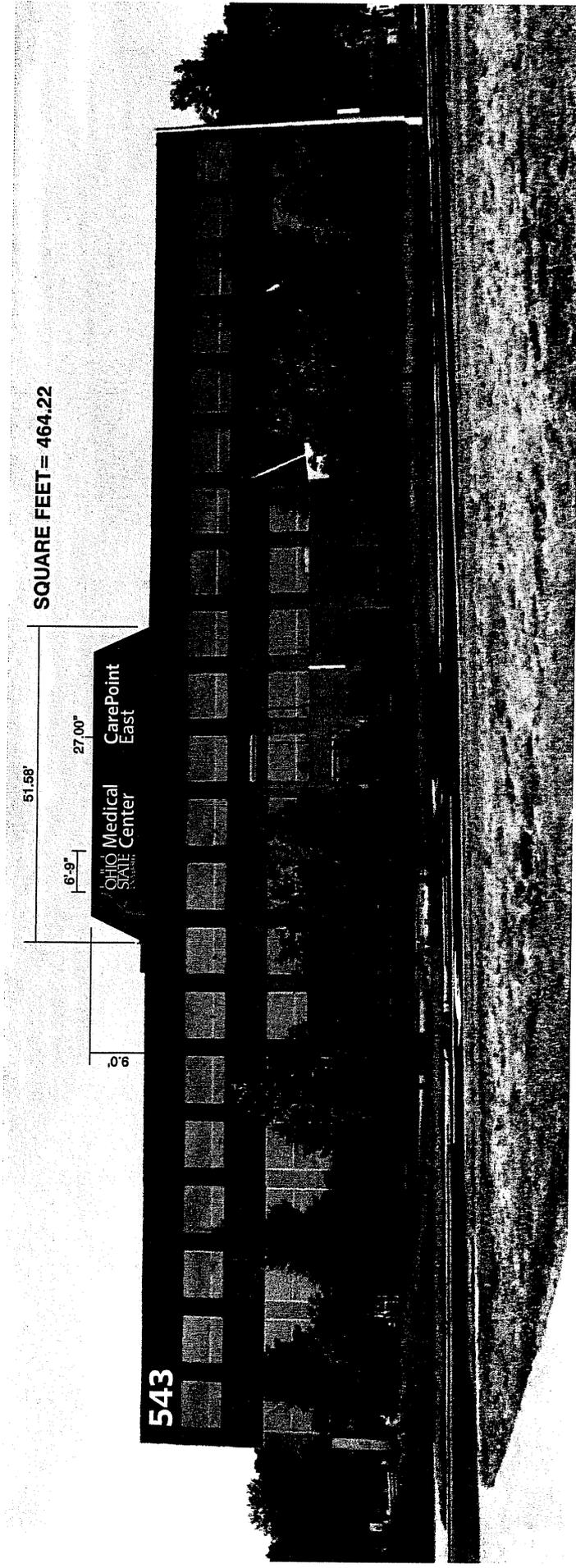


Disclaimer

Scale = 150



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.



SQUARE FEET = 464.22

51.58'

6'-9"

27.00'

9.0'

OHIO Medical STATE Center

CarePoint East

543

page

CarePoint East

1

OHIO Medical STATE Center

EMAIL: INFO@SIGNCOMINC.COM

FAX: 614-228-4326

TELE: 614-228-9999

SIGNCOM, INC. • 527 WEST RICH STREET • COLUMBUS OHIO 43215

PRODUCTION ART REQUIRED
Not for field use, actual product may vary

CUSTOMER APPROVAL _____
 DATE _____

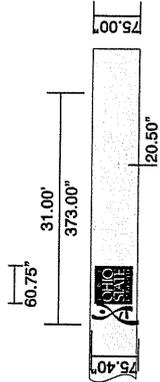
SIGNCOM
 Design • Fabrication • Erection • Service

PROJECT NAME OSU, CARE-POINT AT GAHAMNA
 LOCATION 543 TAYLOR ROAD
 CITY COLUMBUS STATE OHIO

REVISION _____
 (#5) 3-22-2011

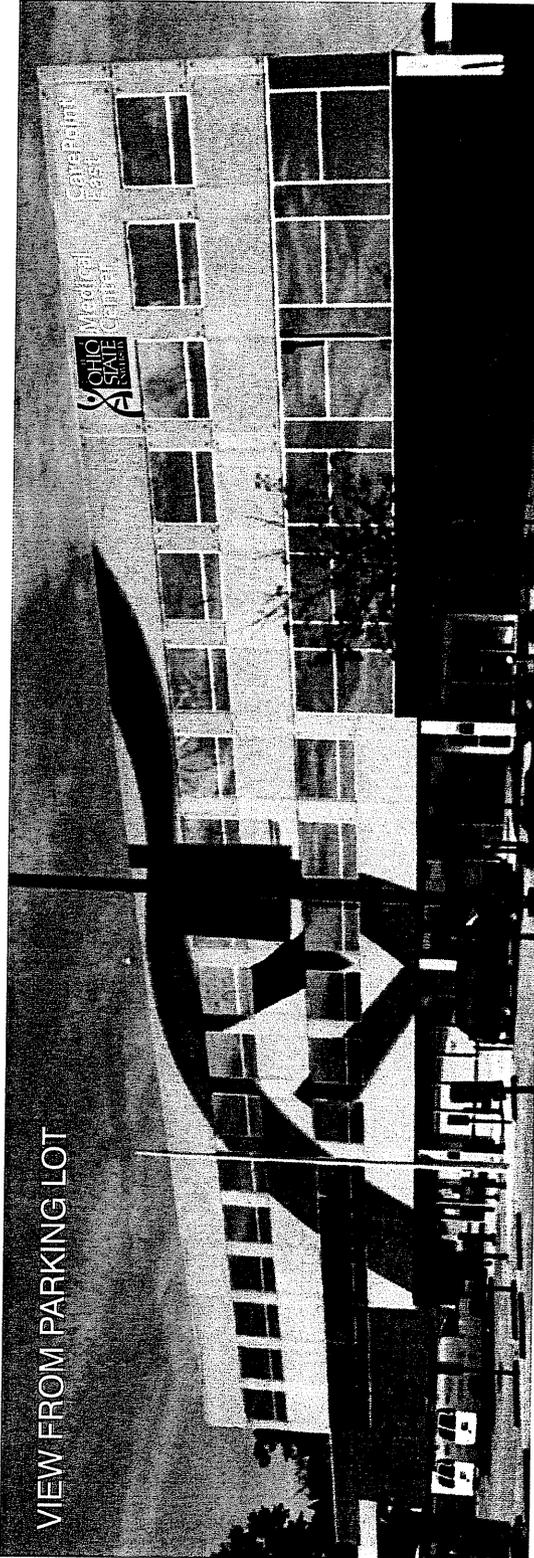
SALES BMS
 DESIGN LEE
 SIZE 14

DATE 11-15-2010
 SCALE 1" = 25' SCALE INCHES
 PROJECT 10-506



SQUARE FEET = 195.30

VIEW FROM PARKING LOT



page

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CarePoint East

OHIO Medical STATE CENTER

EMAIL: INFO@SIGNCOMINC.COM

SIGNCOM, INC. • 527 WEST RICH STREET • COLUMBUS OHIO 43215 • TELE: 614-228-9999 FAX: 614-228-4826

CUSTOMER APPROVAL _____ DATE _____
 PRODUCTION ART REQUIRED
Note: printed copies of this drawing are not for field product.

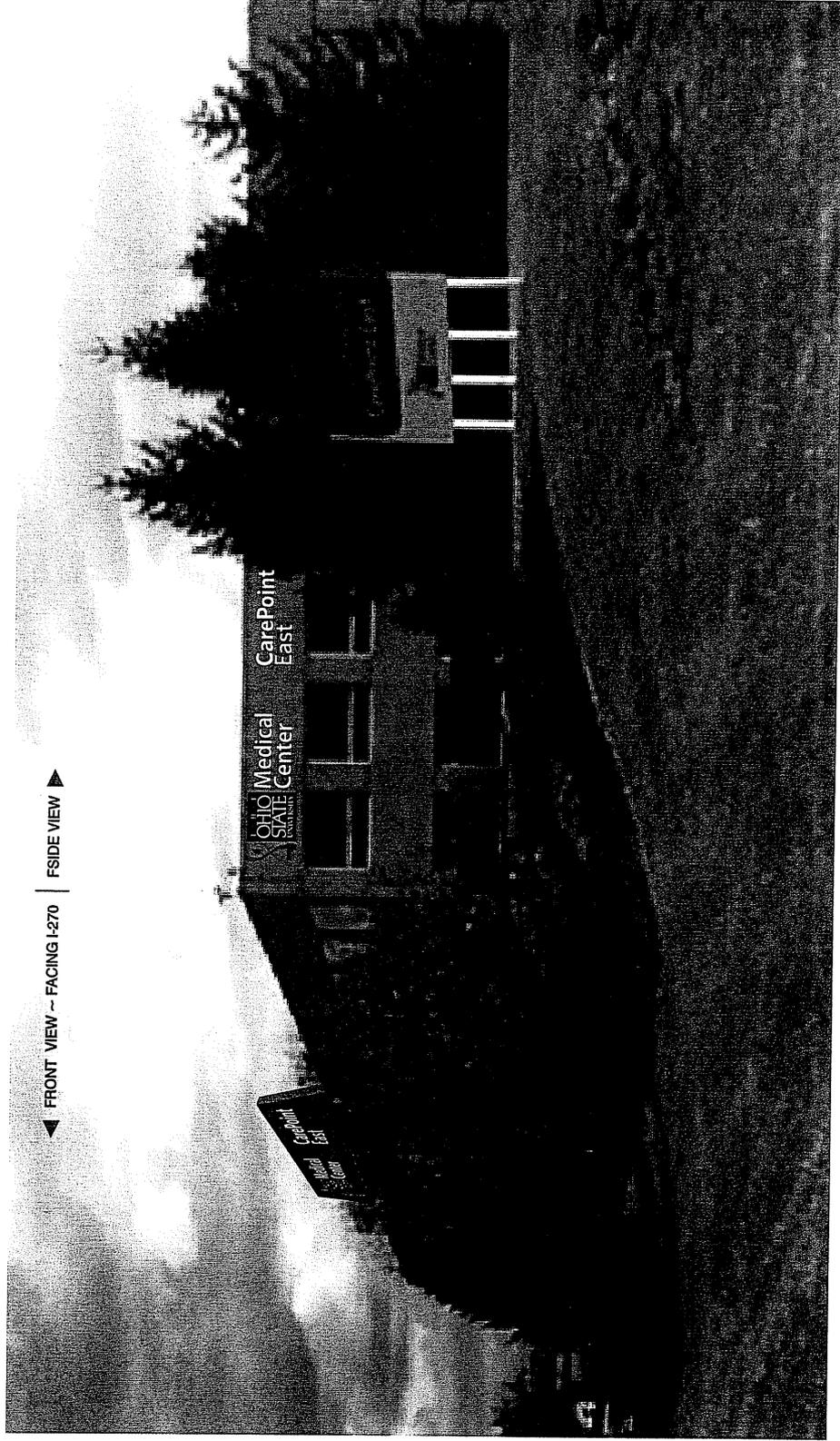
PROJECT NAME OSU, CARE-POINT AT GAHANNA
 LOCATION 543 TAYLOR ROAD
 CITY COLUMBUS STATE OHIO

REVISION _____
 (#) 3-22-2011

SALES BMS
 DESIGN LEE
 SIZE 14

DATE 11-15-2010
 SCALE 1" = 235 SCALE INCHES
 PROJECT 10-506

SIGNCOM
 Design • Fabrication • Erection • Service



◀ FRONT VIEW - FACING I-270 | FSIDE VIEW ▶

OHIO Medical Center
CarePoint East

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 <input checked="" type="checkbox"/>	DATE
<small>Note: printed colors in this drawing may vary from actual product</small>	
SALES DESIGN SIZE	BMS LEE
11-15-2010	14
SCALE	PROJECT
NO SCALE	10-506

PROJECT NAME	OSU CARE-POINT AT GAHANNA
LOCATION	543 TAYLOR ROAD
CITY	COLUMBUS
STATE	OHIO
REVISION	(#5) 3-22-2011





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 # _____

Being first duly cautioned and sworn (NAME) Elizabeth Seely For The Ohio State University
of (COMPLETE ADDRESS) 543 Taylor Ave, Columbus, OH 43203
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

STATE OF OHIO, The Ohio State University
1482 East Broad St.
Columbus, OH 43205

SIGNATURE OF AFFIANT

Elizabeth Seely

Subscribed to me in my presence and before me this 22nd day of June, in the year 2011

SIGNATURE OF NOTARY PUBLIC

Dennis B. Ehrle

My Commission Expires:



DENNIS B. EHRLE, Attorney At Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date
Sec. 147.03 R.C.