

5 Building 1 - Section

Or O

Final Building Elevations Received 5.9.22 Sheet 1 of 4 Z21-038A

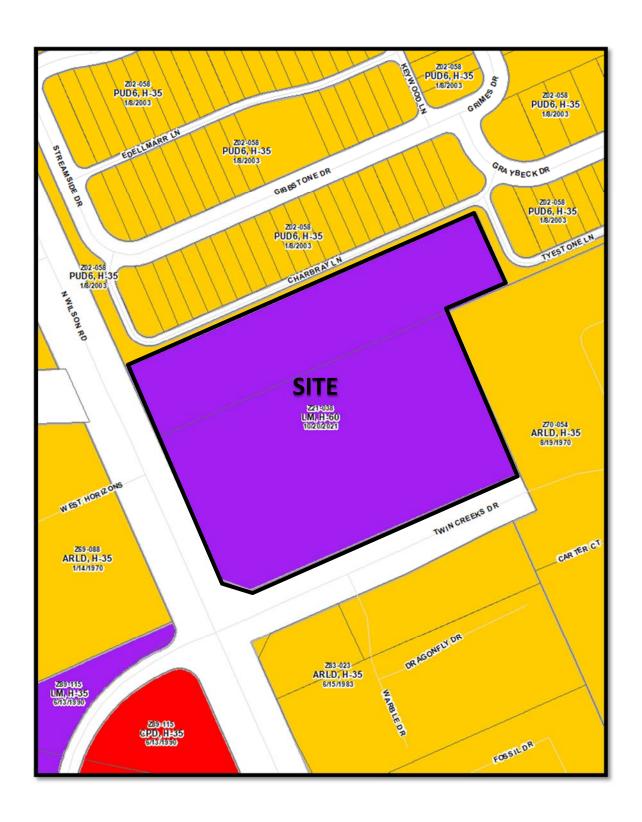
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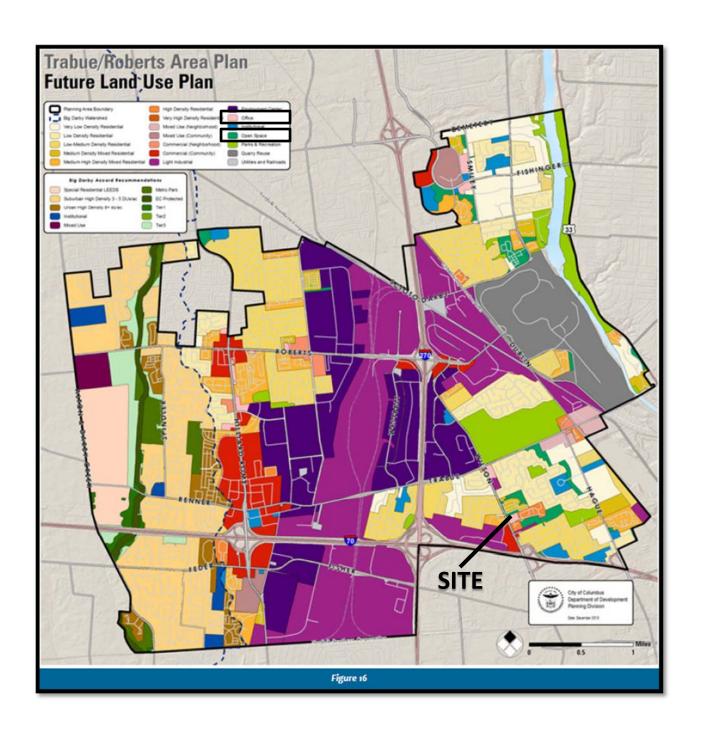




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ZA22-003 (Z21-038) 3590 Twin Creeks Dr. Approximately 6.0 acres L-M to L-M



ZA22-003 (Z21-038A) 3590 Twin Creeks Dr. Approximately 6.0 acres L-M to L-M



ZA22-003 (Z21-038) 3590 Twin Creeks Dr. Approximately 6.0 acres L-M to L-M



Standardized Recommendation Form

DEPARTMENT OF BUILDING AND ZONING SERVICES 111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-4522 • ZoningInfo@columbus.gov • www.columbus.gov/bzs

FOR USE BY: AREA COMMISSION / NEIGHBORHOOD GROUP (PLEASE PRINT)

Case Number	ZA22-033/Z21-038A		
Address	1260 N Wilson Rd/3590 Twin Creeks Dr		
Group Name	West Scioto Area Commission		
Meeting Date	May 19, 2022		
	BZA Variance Council Variar Rezoning Graphics Varia		
	✓ Approval □ Disapproval		
LIST BASIS FOR RECOMMENDATION:			
Work voted unanimous	y to approve this	application by a vote of 6-0.	
Vote		6-0-0	
Signature of Authorize	d Representative	Kristen ti. MeKinsey	
Recommending Group	Title	West Scioto Area Commission	
Daytime Phone Numbe	r	614-404-9220	

Please e-mail this form to the assigned planner within 48 hours of meeting day; OR FAX to Zoning at (614) 645-2463; OR MAIL to: Zoning, City of Columbus, Department of Building & Zoning Services, 111 N Front Street, Columbus, Ohio 43215.



DEPARTMENT OF BUILDING

Rezoning Application

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PROJECT DISCLOSURE STATEMENT

APPLICATION #: ZA22-003/Z21-038A

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

Being first duly cautioned and sworn (NAME) $\underline{\text{Thomas L. Hart}}$

of (COMPLETE ADDRESS) 5029 Cemetery Road, Hilliard, OH 43026

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 (including contact name and number)
Business or individual's address; City, State, Zip Code
Number of Columbus-based employees
(Limited to 3 lines per box)

2. Richard B. Schuen			
Two Miranova Pl, Ste.910			
Columbus, OH 43215			
4.			
Check here if listing additional parties on a separate page.			
SIGNATURE OF AFFIANT			
Sworp to before me and signed in my presence this 21 day of March, in the year 2007			
Notary Seal Here			
My Commission in State of Chico Notary Public, State of Ohio My Comm. Expires 05-20-22			

This Project Disclosure Statement expires six (6) months after date of notarization.

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