### COLUMBÚS ANDREW J. GINTHER, MAYOR

### **Council Variance Application**

DEPARTMENT OF BUILDING AND ZONING SERVICES

111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-4522 • ZoningInfo@columbus.gov • www.columbus.gov/bzs

#### STATEMENT OF HARDSHIP

Columbus City Code Section 3307.10 - Variances by City Council.

City council may grant the following zoning variances:

- A. Permit a variation in the yard, height or parking requirements of any district only in conjunction with a change in zoning or a use variance and only where there are unusual and practical difficulties in the carrying out of the zoning district provisions due to an irregular shape of lot, topography, or other conditions, providing such variance will not seriously affect any adjoining property or the general welfare.
- B. Permit a use of the property not permitted by the zoning district established on the property if such use will not adversely affect the surrounding property or surrounding neighborhood and if council is satisfied that the granting of such variance will alleviate some hardship or difficulty which warrants a variance from the comprehensive plan.

Before authorizing any variance from the Zoning Code in a specific case, city council shall first determine that such variance will not impair an adequate supply of light and air to the adjacent property, unreasonably increase the congestion of public streets, increase the danger of fires, endanger the public safety, unreasonably diminish or impair established property values within the surrounding area, or in any other respect impair the public health, safety, comfort, morals or welfare of the inhabitants of the city.

In granting a variance pursuant to this section, council may impose such requirements and conditions regarding the location, character, duration, and other features of the variance proposal as council deems necessary to carry out the intent and purpose of this Zoning Code and to otherwise safeguard the public safety and welfare.

List all sections of Code to be varied and explain your reasoning as to why this request should be granted.

PLEASE NOTE: It is the applicant's responsibility to identify all variances required for the project. If any necessary variances are not included, a new application (and applicable fees) will be required.

I have read the foregoing and believe my application for relief from the requirements of the Zoning Code contains the necessary hardship, will not adversely affect surrounding property owners, and will comply with the variance(s) requested as detailed below (use separate page if needed or desired):

Signature of Applicant

Date ad Aug 2000

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pbb 1/82

#### STATEMENT OF HARDSHIP

The subject property is located at 6335 E. Broad St, Columbus, Ohio 43213, Franklin County, Ohio, Zoning No. Z00-036A or 520100789 ("Property"). Per Ordinance No. 0058-01, adopted January 29, 2001, the Property was rezoned from L-C-4 Limited Commercial and RRR, Restricted Rural Residential Districts, to CPD, Commercial Planned Development District. The purpose of the rezoning was to permit a hotel use, with balance of the allowed for an office use and restaurant without a drive-thru.

The owner of the Property is Holmesuites Ltd. The owner has improved the Property with a 38 unit hotel which is currently in use, operating under the name "Holmes Inn and Suites." This is a private brand not affiliated with a national hotel chain. The hotel is of newer construction and it is part of a commercially developed neighborhood. A Speedway convenience store and gas station is adjacent to the Property, as are other hotels. The hotel is somewhat set back from Broad St. and is effectively isolated from its surroundings, affording a degree of privacy.

The present owner wishes to transfer ownership to a new owner. Lighthouse Behavioral Health Solutions ("Lighthouse") proposes to purchase the Property and hotel and convert the hotel into a shared living facility.

Lighthouse is an Ohio-based substance use and mental health disorder treatment agency committed to improving the health and safety of Ohio residents, which opened in 2018. Its mission is to serve the underserved Medicaid eligible population by focusing on improving social determinants of health, removing barriers, and increasing access to treatment.

Lighthouse's plan for the Property is to use the hotel for Phase Zero supportive housing, where clients engaged in initial stages of recovery would spend up to thirty days before transitioning out into other areas of the program. There wouldn't be any clinical services performed on site. Residents would be living independently other than supervised on-site monitoring. The Property would be monitored twenty-four hours a day, seven days per week with a curfew of 9 pm. No residents would be permitted to leave the Property unattended during their stay.

The key to the success of Lighthouse clients is the ability to provide them with safe and supportive housing combined with intensive outpatient therapy. The recovery housing program begins at Phase Zero, a period of thirty days or less, after which they transition to a longer-term single family residential setting that lasts between three to twelve months depending on the progress of the individual.

Lighthouse is not a sober living program, but rather more of a "recovery housing" program. The difference between sober living and recovery housing is clients involved in recovery housing are part of a program with strict rules, attendance, and progress requirements.

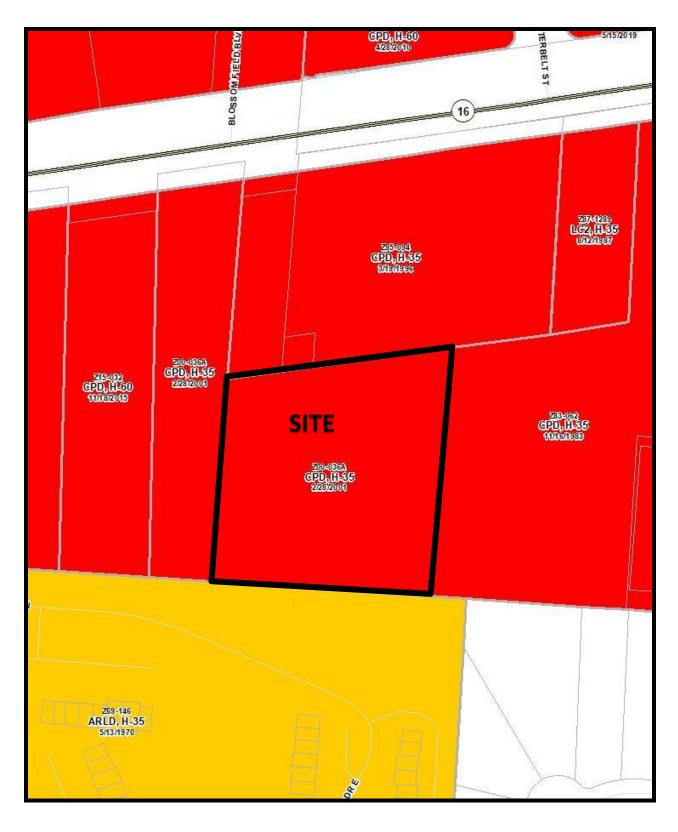
To support the safety and well-being of our clients, Lighthouse provides wraparound services including case management and peer recovery support in addition to a clinical services performed at one of the outpatient clinical sites. Lighthouse will not provide any clinical services at the Property and this use is solely to provide safe housing while those are attending treatment.

It is imperative for the success of the Lighthouse program and the individuals it serves to have access to single entry multi-unit facilities where Lighthouse can provide safe, supportive housing but also be able to manage, staff and supervise efficiently.

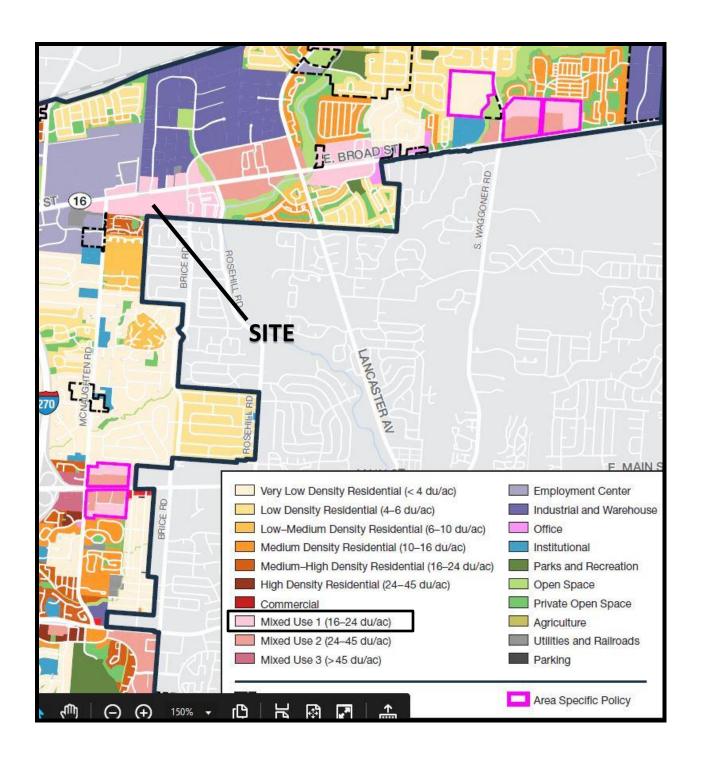
Residents entering this program would already be medically stabilized prior to entering our program and have the ability to live independently. Residents may pay occupancy fees based on their financial situation and needs.

The proposed use meets the definition of shared living facility under Section 3303.19 of the Columbus City Code. Lighthouse requests a Council (use) variance to permit this use. Granting the variance will prevent a decline of the Property, as currently manifested by its underperformance as a hotel. The variance will also allow a use that promotes a social and societal need—stable, safe and supportive housing for those recovering from addiction.

16032586 v1



CV22-090 6335 E. Broad St. Approximately 3.143 acres



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**Case Number** 

Address

### **Standardized Recommendation Form**

DEPARTMENT OF BUILDING AND ZONING SERVICES

**Daytime Phone Number** 

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)	

6335 E Broad St

CV22-090

<b>Group Name</b>	Far East Area Co	ommission	
<b>Meeting Date</b>	Oct. 4th, 2022		
Specify Case Type	Council Variand	/ Special Permit nce ance / Plan / Special Permit	
Recommendation (Check only one)	Approval Disapproval		
LIST BASIS FOR RECOMMENDATION:			
Vote		Unanimous Approval: 5 votes	ves. 0 votes no
Signature of Authorize	d Representative	Germel X handu	Jan
Recommending Group		Far East Area Commission	— (12.11.12.11.12.11.11.11.11.11.11.11.11.1

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.

614-307-4708

DocuSign Envelops ID: 9F78D5E9-95F1-4F4D-A536-2404350EE810

# COLUMBUS

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#### PROJECT DISCLOSURE STATEMENT

APPLICATION #: CV22-090

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) <u>Lighthouse Behavioral Health Solutions c/o Matt Romeo</u> of (COMPLETE ADDRESS) 4214 E. Main St. Columbus OH 43213

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)

Lighthouse Behavioral Health Solutions 4214 E. Main St. Columbus, OH 43213	2,
3.	4.
Check here if listing additional parties on a separate page.  SIGNATURE OF AFFIANT.  Sworn to before meland signed in my presence this 22 day	of AUGUST, in the year 2022
SIGNATURE OF NOTARY PUBLIC	My Commission Expires  Amy C. O'Grady  Attorney At Law  Notary Public, State of Ohio  My commission has no expiration de  Section 147.03 O.R.C.

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