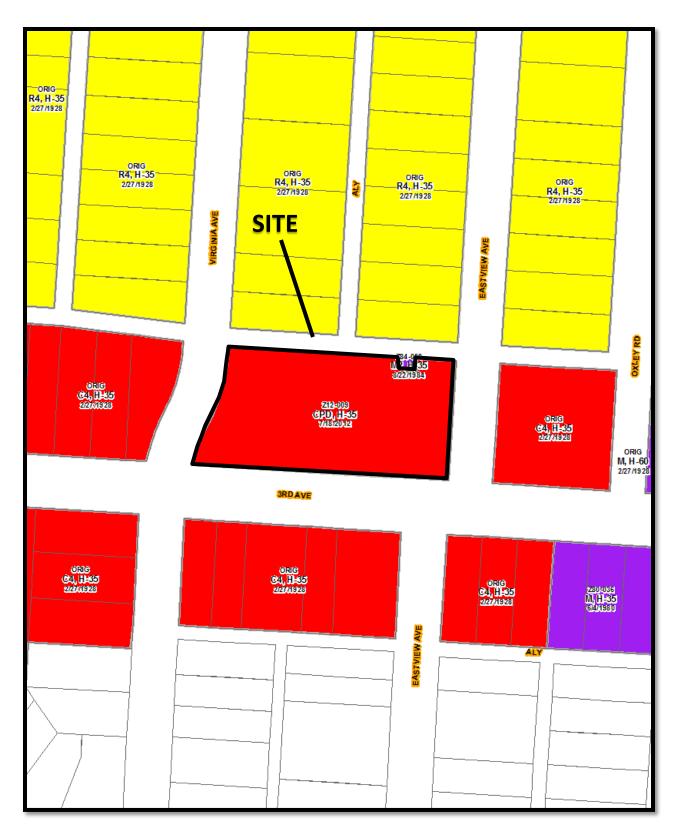
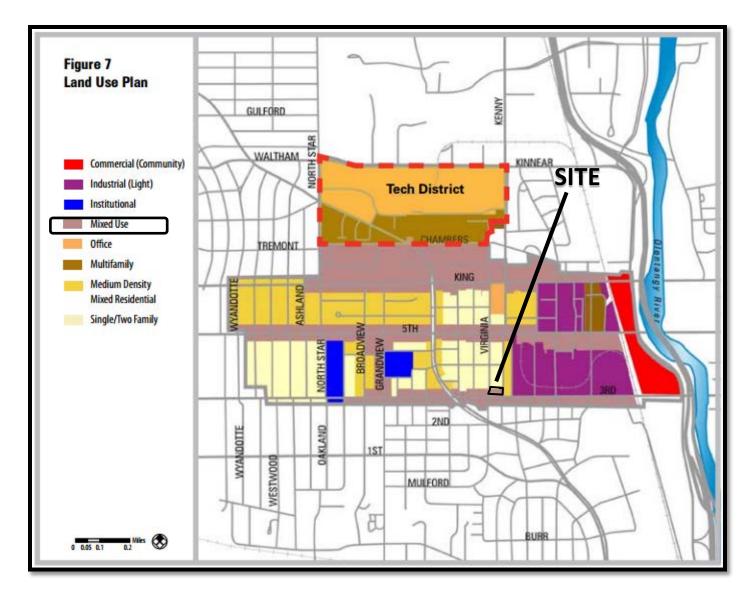


ORD # 0504-2018; Z16-048A; Page 1 of 6



Z16-048A 1158 West Third Avenue Approximately 0.82 acres CPD to CPD



Fifth by Northwest Neighborhood Plan (2009)

Z16-048A 1158 West Third Avenue Approximately 0.82 acres CPD to CPD



Z16-048A 1158 West Third Avenue Approximately 0.82 acres CPD to CPD

# ORD # 0504-2018; Z16-048A; Page 5 of 6

#### THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

# STANDARDIZED RECOMMENDATION FORM

Department of Building & Zoning Services

Scott Messer, Director 757 Carolyn Avenue, Columbus, Ohio 43224-3218 Phone: 614-645-7433 www.columbus.gov

FOR USE BY: AREA COMMISSION / COMMUNITY GROUP / HISTORIC ARCHITECTURAL REVIEW

**Case Number:** Chio 43212 Address: onmission **Group Name:** Meeting Date: **Specify Case Type: BZA Variance / Special Permit Council Variance** Rezoning Graphics Variance / Plan / Special Permit **Recommendation:** Approval (Check only one) Disapproval NOTES: 1 200 5-0 Vote: Signature of Authorized Representative: SIGNATURE U De RECOMMENDING GROUP TITLE LAYTIME PHONE NUMBER -1944

Please e-mail this form to the assigned planner within 48 hours of your meeting day; or FAX to Zoning at 614-645-2463; or MAIL to: Assigned Planner, City of Columbus, Department of Building & Zoning Services, 757 Carolyn Avenue, Columbus, OH 43224.



DEPARTMENT OF BUILDING AND ZONING SERVICES

#### ORD # 0504-2018; Z16-048A; Page 6 of 6 **REZONING APPLICATION**

### Department of Building & Zoning Services Scott Messer, Director 757 Carolyn Avenue, Columbus, Ohio 43224-3218

Phone: 614-645-7433 www.columbus.gov

# **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 #: \_ Z16-048 ZA18-001

STATE OF OHIO COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) of (COMPLETE ADDRESS) 8852 1a: 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 Business or individual's address Address of corporate headquarters City, State, Zip Number of Columbus based employees Contact name and number

1. Robert 2. Kristin Caud 8852 Hilliard, Ohio 43026 Hilliard, Chio 43026 4-215-32 614-306-066 4. Village Gate Aninal Hospi 3. 1158 Columbus Oft 43212 Columbus O Columbus based employees Ze 25 saspo endoye Rober 315-7220 Check here if fisting additional parties on a separate page.

SIGNATURE OF AFFIANT

Subscribed to me in my presence and before me this

SIGNATURE OF NOTARY PUBLIC

My Commission Expires:

, in the year 2018day of

Votar

OF

This Project Disclosure Statement expires six months after date of notarization. JONATHAN L. BRADLEY

Seal Hewotary Public, State of Ohio My Comm. Expires April 21, 2018

> PLEASE NOTE: incomplete information will result in the rejection of this submittal. Applications must be submitted by appointment. Call 614-645-4522 to schedule. Please make all checks payable to the Columbus City Treasurer