


Statement of Hardship

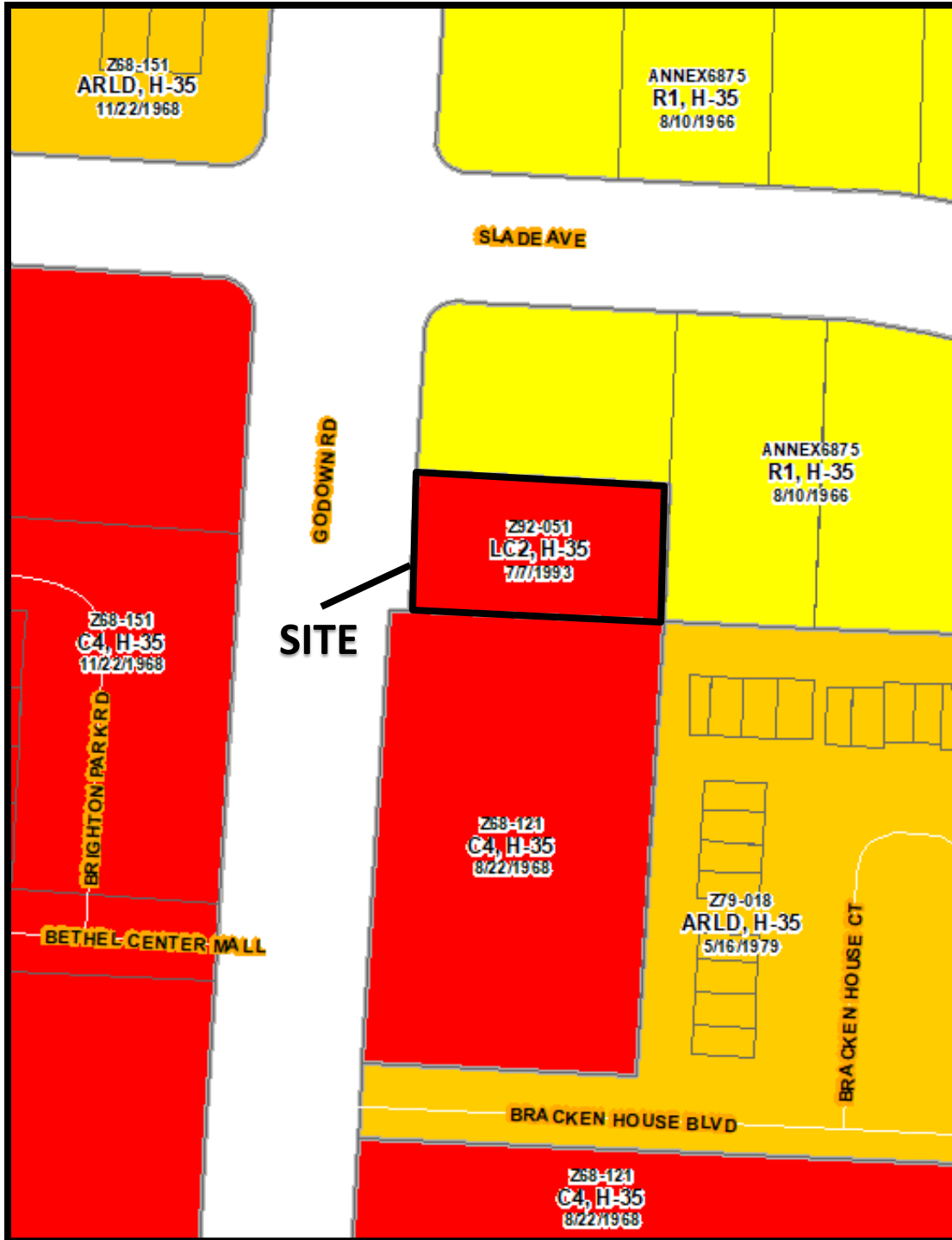
CV20-050

5260 Godown Road

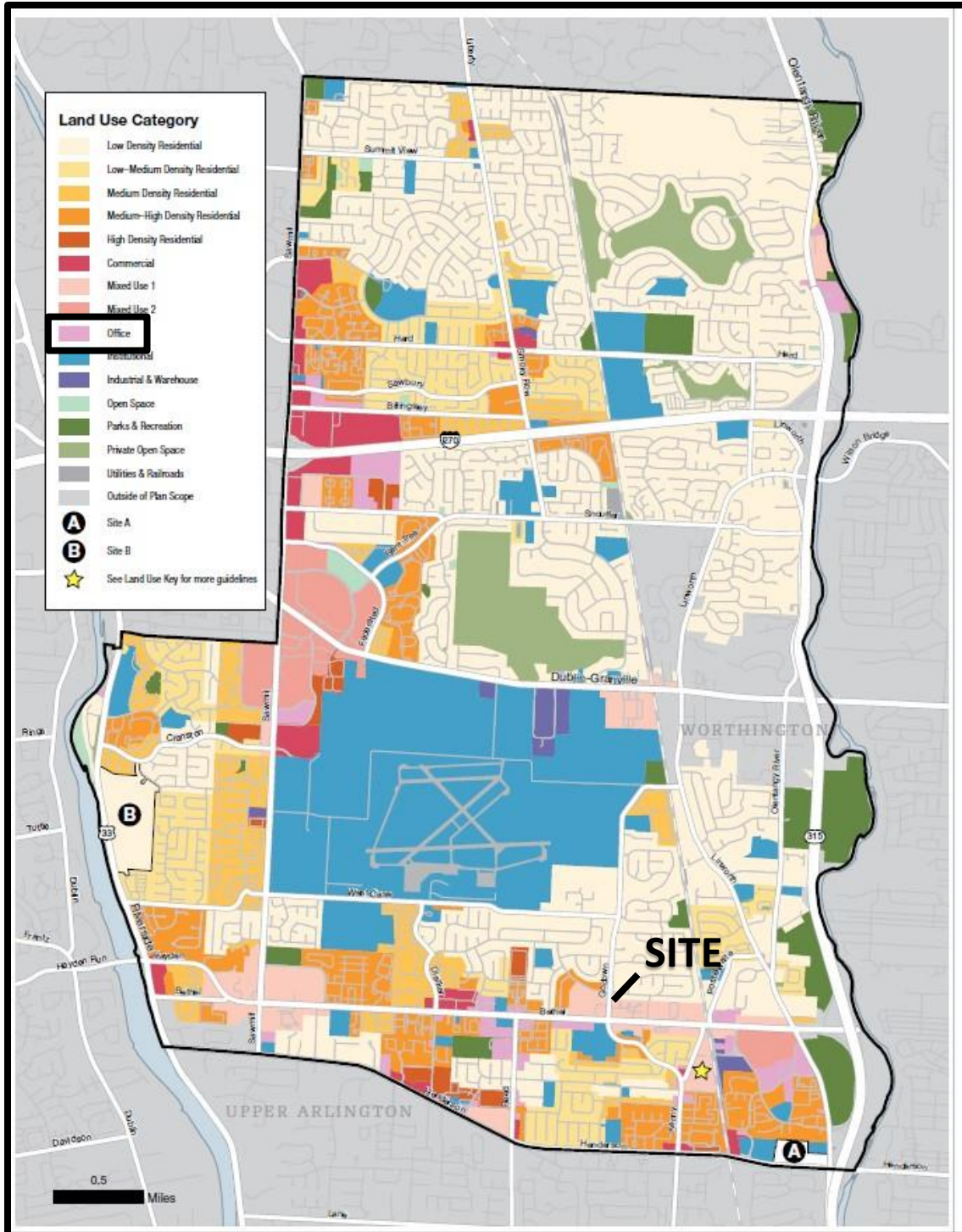
The site is zoned, L-C-2, Limited Commercial District and is developed with a non-conforming single-unit dwelling. The Council variance is needed for financing and tax purposes. The site is compatible with adjacent single-unit dwellings and will not add an incompatible use.

Signature: 

Date: 



CV20-050
5260 Godown Rd.
Approximately 0.23 acres



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5260 Godown Rd.
Approximately 0.23 acres

FOR USE BY: AREA COMMISSION / COMMUNITY GROUP / HISTORIC ARCHITECTURAL REVIEW
(PLEASE PRINT)

Case Number: _____

Address: _____

Group Name: _____

Meeting Date: _____

Specify Case Type:

- BZA Variance / Special Permit**
- Council Variance**
- Rezoning**
- Graphics Variance / Plan / Special Permit**

Recommendation:

(Check only one and list basis for recommendation below)

- Approval**
- Disapproval**

NOTES: _____

Vote: _____

Signature of Authorized Representative: _____

SIGNATURE

RECOMMENDING GROUP TITLE

DAYTIME PHONE NUMBER

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, 111 N. Front St, Columbus, OH 43215.

THE CITY OF
COLUMBUS

ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING
AND ZONING SERVICES

Council Variance Application

111 North Front Street, Columbus, Ohio 43215

Phone: 614-645-4522 • www.columbus.gov • zoninginfo@columbus.gov

PROJECT DISCLOSURE STATEMENT

All parties having a 5% or more interest in the project that is the subject of this application should be listed.
THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED. Do not indicate 'NONE' in the space provided.

APPLICATION #: CV20-050

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) Michael McCanlish
of (COMPLETE ADDRESS) 5260 GORDON RD COLUMBUS, OH 43235
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 (include contact name and number)
Business or individual's address; City, State Zip Code
Number of Columbus based employees
(Limited to 3 lines per box)

1. <u>MICHAEL M'CANLISH</u> <u>THE M'CANLISH GROUP</u> <u>5260 GORDON RD</u> <u>ONE EMPLOYEE</u>	2.
3.	4.

Check here if listing additional parties on a separate page.

SIGNATURE OF AFFIANT

Michael McCanlish

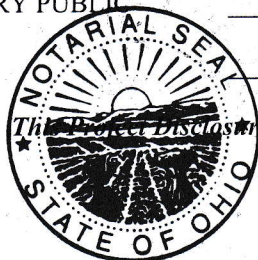
Subscribed to me in my presence and before me this 13th day of May, in the year 2020

SIGNATURE OF NOTARY PUBLIC

Elizabeth A. Haddock

My Commission Expires:

ELIZABETH A. HADDOCK
Notary Public, STATE OF OHIO
My Commission Expires
JAN. 9, 2024



Notary Seal Here