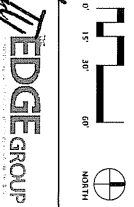


VOLUNTEERS OF AMERICA

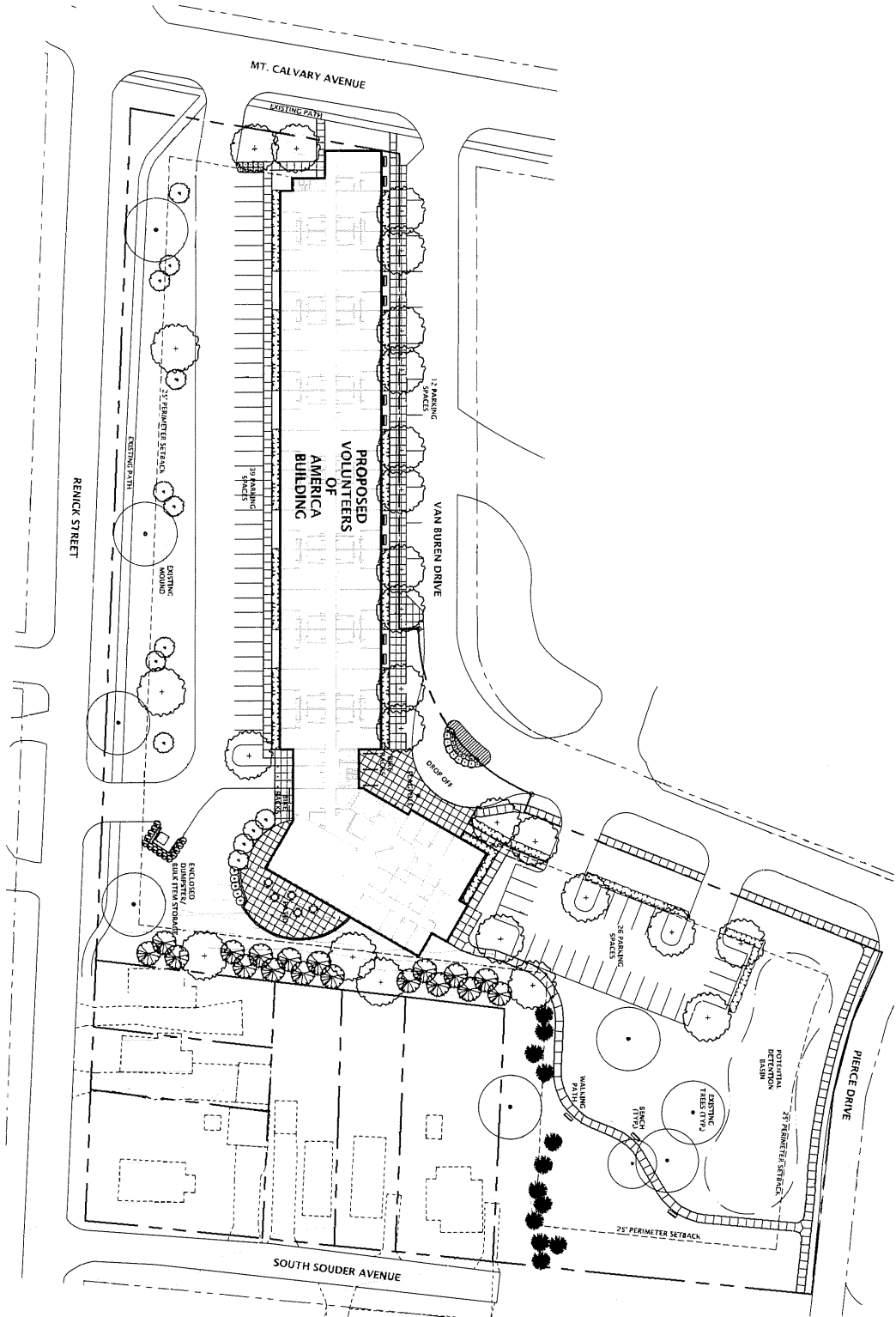
CV12-048 Final Received 11/20/12

*James B. Reynolds*  
11/20/12



November 19, 2012

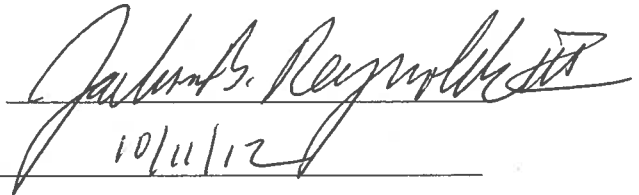
SITE PLAN



Statement of Hardship

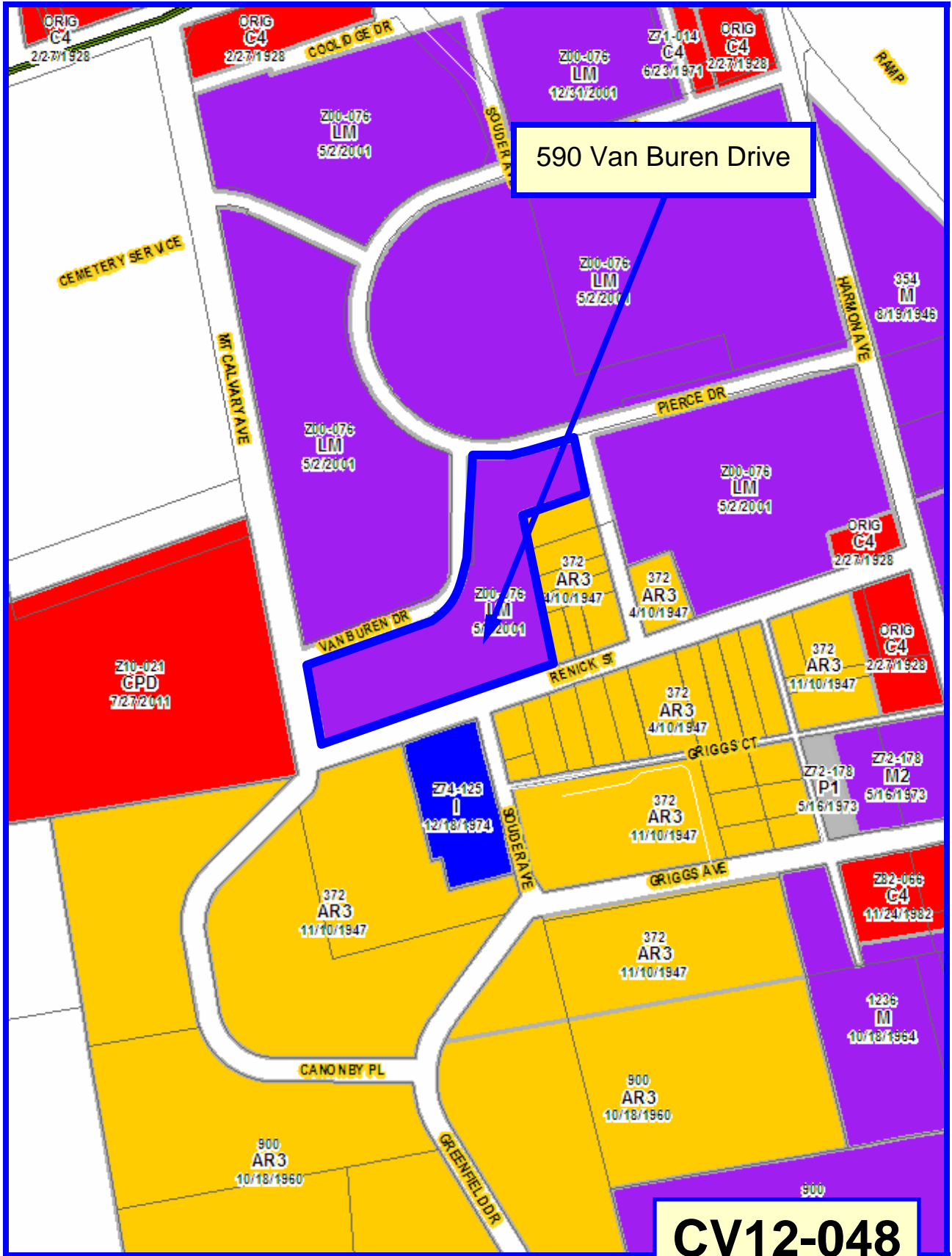
The requested variances are needed due to the odd shape of the lot, which is irregular and the future tenants that will be utilizing the proposed multi-family building. The building will contain 100 units and will have some support offices for staff on the first floor of the structure. The 3.5± acre lot is almost configured like an S which restricts the location of the building on the site and forces it down into one corner of the parcel necessitating the variances from the building setback requirements. The parking space reduction is requested due to the type of tenant that apartments will be rented to when the structure is completed. The units will be reserved for lower income tenants that will probably not own cars but rely on other modes of transportation to move about the city. Additionally, the units are relatively small at less than 700 sq. ft. and the need for 1.5 parking spaces for each unit is not warranted in this situation. The height variance is necessary to allow the building to house the needed 100 units as the shape of the lot precludes the efficient use of the 3.5 acres for the location of the building. The requested variances will not adversely impact surrounding properties nor create any other problems for the inhabitants of the City of Columbus.

Signature of applicant



Date

10/11/12







### COUNCIL VARIANCE APPLICATION

City of Columbus, Ohio • Department of Building & Zoning Services  
757 Carolyn Avenue, Columbus, Ohio 43224 • Phone: 614-645-7433 • [www.columbus.gov](http://www.columbus.gov)

### STANDARDIZED RECOMMENDATION FORM

FOR USE BY: AREA COMMISSIONS / CIVIC ASSOCIATIONS / ACCORD PARTNERS

GROUP NAME Franklinian A.C. MEETING DATE 10/9/12

CASE NUMBER CV12-048/12315-0000-00506 Case Type  Council Variance  Rezoning

ZONING ADDRESS 590 Van Buren Dr. APPLICANT \_\_\_\_\_

PERSON[S] REPRESENTING APPLICANT MEETING \_\_\_\_\_

CONDITIONS REQUESTED BY GROUP (Add continuation sheet if needed)  
Area Commission see note at the bottom.

	Applicant Response	
	Yes	No
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations

Approval  Disapproval  Conditional approval (list conditions and applicant response)  
Explain the basis for the Approval, Disapproval or Conditional Approval below (Add continuation sheet if needed).

FAC VOTE 10/9/12

Recommending Commission / Association / Accord Partner Vote: For X Against \_\_\_\_\_

Signature / Title of Authorized Representative [Signature] Chair

Daytime phone number 638-3653

NOTE TO AREA COMMISSIONS: Ordinances sent Council will contain only recommendations for "Approval" or "Disapproval". Recommendations for "Conditional Approval" will be treated as "Disapproval". If, at the time the ordinance is sent to Council, any condition that has checked "No" on the Standardized Recommendation Form has not been resolved as documented in writing by the recommending body or party.

PLEASE NOTE: incomplete information will result in the rejection of this submittal.  
For all questions regarding this form and fees please call: 614-645-4522  
Please make all checks payable to the Columbus City Treasurer



COUNCIL VARIANCE APPLICATION

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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 # CV12-048

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn [NAME] Jackson B. Reynolds III

Of [COMPLETE ADDRESS] 37 W. Broad Street Suite 725, Columbus, Ohio 43215
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 formats

- 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

Table with 2 columns and 2 rows containing party information: 1. City of Columbus-Land Bank Office, 2. Volunteers of America, 3. (empty), 4. (empty)

Check here if listing additional parties on a separate page.

SIGNATURE OF AFFIANT

Handwritten signature of Jackson B. Reynolds III

Subscribed to me in my presence and before me this 21st day of September, in the year 2012

SIGNATURE OF NOTARY PUBLIC

Handwritten signature of David Hodge
does not expire

My Commission Expires:



DAVID L. HODGE
ATTORNEY AT LAW
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.

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

PLEASE NOTE: incomplete information will result in the rejection of this submittal.
For all questions regarding this form and fees please call: 614-645-4522
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