City of Columbus | Department of Trade and Development | Building and Development Services | 757 Carolyn Avenue, Columbus, Ohio 43224



FOR USE BY: AREA COMMISSION / COMMUNITY GROUP / HISTORIC ARCHITECTURAL REVIEW **STANDARDIZED RECOMMENDATION FORM**

Group Name	NEAR EAST AREA COMMISSION
Meeting Date	6/10/04
Specify Case Type	☐ BZA Variance (Begins with "V")
	□ BZA Special Permit (Begins with "SP")
	Council Variance (Begins with "CV")
	☐ Rezoning (Begins with "Z")
	☐ Graphics (Begins with "VG")
	☐ Graphics Special Permit (Begins with "SPG")
	그가 하는 사용으 는데 사용하는 것이 나타가게 되는데 하면 그래요? 그리고 하는데 그리고 그리고 하는데 그리고 그리고 하는데 그리고 하는데 그리고 하는데 그리고 하는데 그리고 하는데 그리고 하는데 그리고 그리고 하는데 그리고
Case Number	CV04-019
Recommendation	D Approval
(Check only one)	☐ Disapprovai
	☐ Conditional Approval (please list conditions below)
	(Area Commissions, see note below*)
*Ordinances sent to council wil	l contain only a recommendation for "approval" or "disapproval". If a recommendation for "conditional approval" e concise and specific. Staff will determine whether conditions are met when the final ordinance is prepared unless
is sent, the conditions should a a revised response indicating "a	e concise and specific. Staff will determine whether conditions are met when the linal ordinance is prepared unless approval" has been received. If staff determines that conditions have not been met, your group's recommendation
will be listed as "disapproval".	
Vote	12-POR 1-AGAINST 2 ABS
	KIA O DD
Signature of Authorized	
	SIGNATURE ACC N = C
	WENC CHRIC
	RECOMMENDING GROUP TITLE
	252-3283
	DAYTIME PHONE NUMBER

Please FAX this form to Zoning at (614) 645-2463 within 48 hours of your meeting day;
OR MAIL to: Zoning, City of Columbus, Building and Development Services, 757 Carolyn Avenue, Columbus, Ohio 43224.

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