



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

Group Name Westland Area Commission

Meeting Date April 20, 2005

- Specify Case Type
- BZA Variance
 - BZA Special Permit
 - Council Variance
 - Rezoning
 - Graphics
 - Graphics Special Permit

Case Number 202-034A + CV05-019

- Recommendation
(Check only one)
- Approval
 - Disapproval
 - Conditional Approval (please list conditions below)
(Area Commissions, see note below*)

*Ordinances sent to council will contain only a recommendation for "approval" or "disapproval". If a recommendation for "conditional approval" is sent, the conditions should be concise and specific. Staff will determine whether conditions are met when the final ordinance is prepared unless a revised response indicating "approval" has been received. If staff determines that conditions have not been met, your group's recommendation will be listed as "disapproval".

Vote 14-1

Signature of Authorized Representative [Signature]

SIGNATURE
Chairman
RECOMMENDING GROUP TITLE

644-9159
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 Services Division, 757 Carolyn Avenue, Columbus, Ohio 43224