



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

Group Name Greater Hilltop Area Commission
Meeting Date 8-3-04

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

Case Number CV04-025 / 04315-C-000271

Recommendation (Check only one)
 Approval
 Disapproval
 Conditional Approval (please list conditions below)
(Area Commissions, see note below*)
Georgesville Retail Center LLC

*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 12-1
Signature of Authorized Representative [Signature]
SIGNATURE
Zoning Chair
RECOMMENDING GROUP TITLE
276-1997
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.