







## **REZONING APPLICATION**

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

## 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	ce provided

	APPLICATION # Z12-014A	
STATE OF OHIO COUNTY OF FRANKLIN	-	
of (COMPLETE ADDRESS) 37 W. Broad Street, Suite deposes and states that (he/she) is the APPLICANT, AGEN	Reynolds, III 725, Columbus, OH 43215 T or DULY AUTHORIZED ATTORNEY FOR SAME and the tions or entities having a 5% or more interest in the project which	
	Name of business or individual Business or individual's address Address of corporate headquarters City, Sate, Zip Number of Columbus based employees Contact name and number	
1. Ohio Hospital for Psychiatry LLC 880 Greenlawn Avenue, Columbus, OH 43223 183 employees Roxanne Jividen - 445-5310	2. Columbus Metropolitan Housing Authority 800 E. 11th Avenue, Columbus, OH 43211 (614) 421-6000	
3.	4.	
Check here if listing additional parties on a separate page.  SIGNATURE OF AFFIANT  SIGNATURE OF AFFIANT		
Subscribed to me in my presence and before me this	day of January, in the year 2013	
SIGNATURE OF NOTARY PUBLIC	algleo Co	
My Commission Expires:	7/4/15	
This Project Disclosure Statement expires six months after date of notarization.  Natalie C. Timmons  Notary Public, State of Ohio  My Commission Expires 09-04-2015		