



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

Group Name Greater Hilltop Area Commission

Meeting Date 5-3-04

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

Case Number CV 04-028 / 104315-00000-00031

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

See Attached Motion with chart-agreed limitations.

*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
614-276-1997

DOTTING 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.