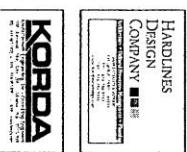
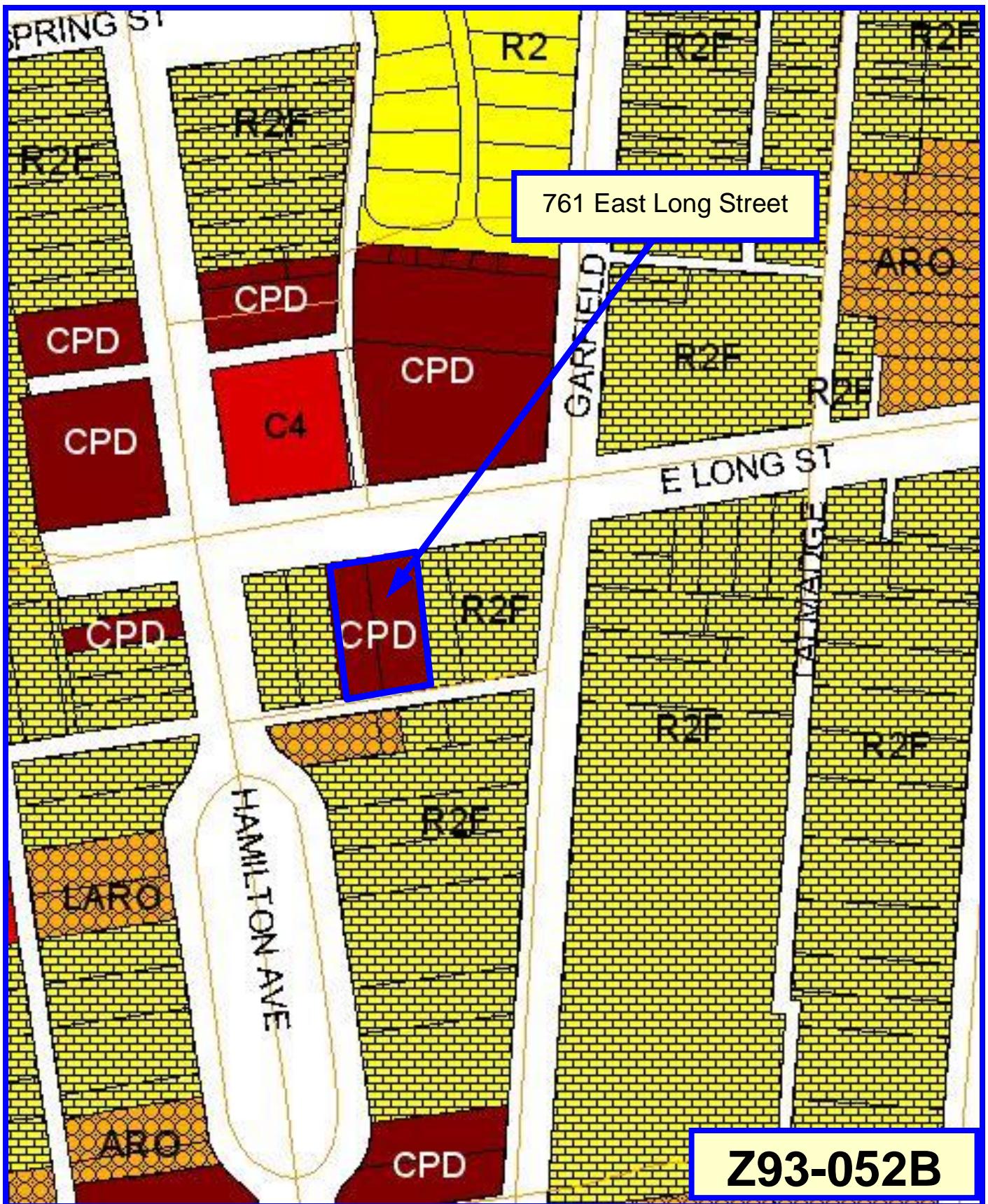
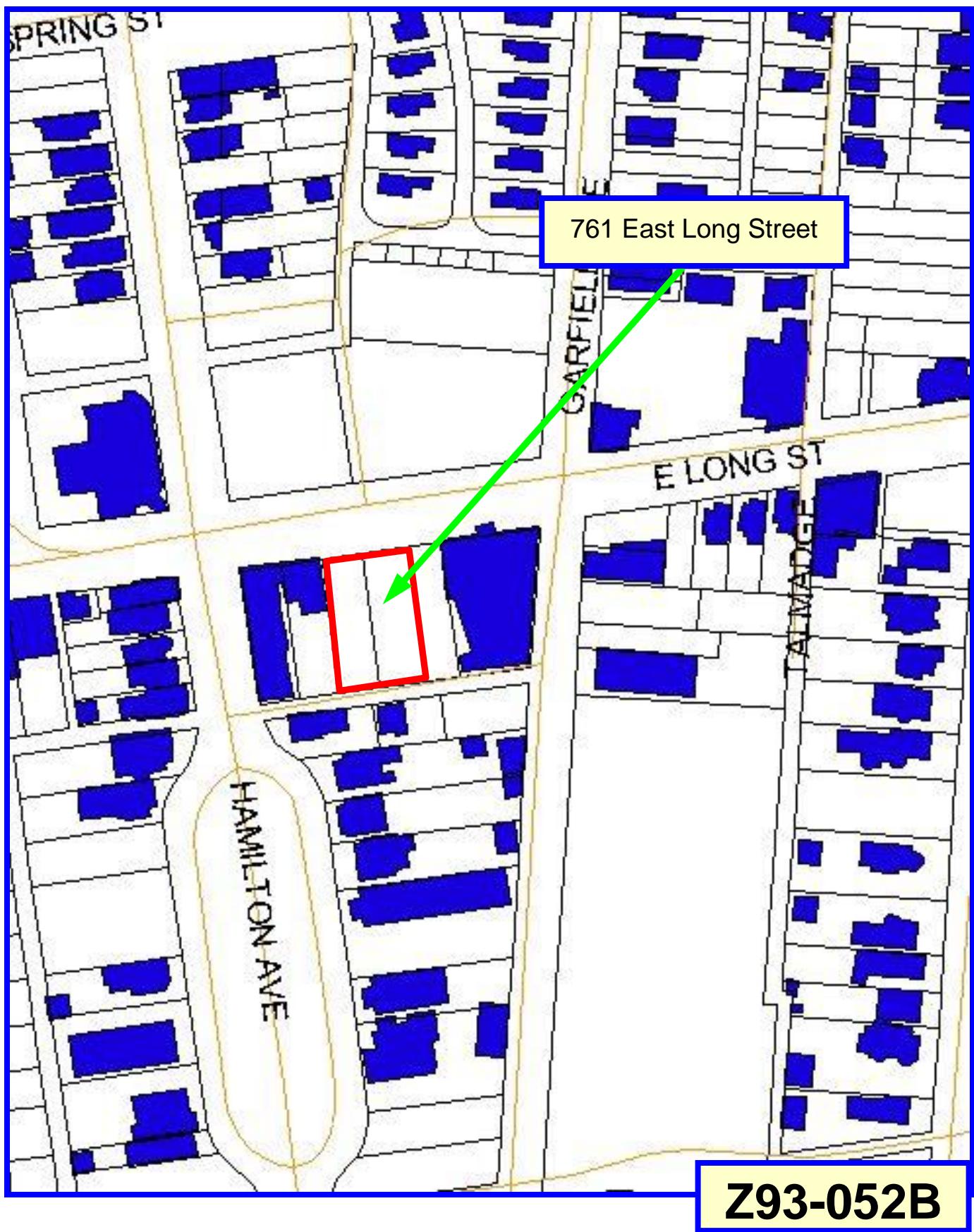


293-052B ~~by~~ Received 3/3/07 - 7/1/07
5/31/07

CPD DEVELOPMENT
PLAN
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A03
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City of Columbus
Mayor Michael B. Coleman

Department of Development Building Services

757 Carolyn Avenue • Columbus, Ohio • 43224 • (614) 645-7314

FOR USE BY: AREA COMMISSIONS / CIVIC ASSOCIATIONS / ACCORD PARTNERS
STANDARDIZED RECOMMENDATION FORM

Group Name: NEAR EAST AREA
Commission

Meeting Date: 5/10/07

Case Number: Z93-052A

Case Type: Council Variance Rezoning

CV91-046C

Zoning Address: 161-771 E. LONG STREET

Applicant: CITY OF COLUMBUS

Person(s) Representing Applicant at Meeting: Laura Comer-Crabbe, Brown,
James

Conditions Requested by Group (Add continuation sheet if needed):
Area Commissions see note at bottom.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Applicant	Response
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>

Recommendation

Approval Disapproval Conditional Approval (list conditions and applicant response above)

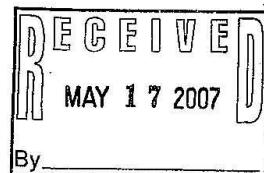
Explain the basis for Approval, Disapproval or Conditional Approval below (Add continuation sheet if needed).

Recommending Commission / Association / Accord Partner Vote: For 7 Against 1 4 ABS.

Signature / Title of Authorized Representative: Kathleen D. Baile

Daytime Phone Number: 614-252-3283

Note to Area Commissions: Ordinances sent to Council will contain only recommendations for "approval" or "disapproval." Recommendations for "conditional approval" will be treated as a disapproval, if, at the time the ordinance is sent to Council, any condition that was checked "No" on the Standardized Recommendation Form has not been resolved as documented in writing by the recommending body or party.



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



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 provided.

STATE OF OHIO
COUNTY OF FRANKLINAPPLICATION # Z93-052 B

Being first duly cautioned and sworn (NAME) Laura MacGregor Comek, Esq. of (COMPLETE ADDRESS) 500 S. Front St., Suite 1200, Columbus, Ohio 43215 deposes and states that (he/she) is the APPLICANT, AGENT or DULY AUTHORIZED ATTORNEY FOR SAME and the following is a list of all persons, other partnerships, corporations or entities having a 5% or more interest in the project which is the subject of this application in the following format:

Name of business or individual
 Business or individual's address
 Address of corporate headquarters
 City, State, Zip
 Number of Columbus based employees
 Contact name and number

1. City of Columbus Attn: Keena Smith 50 W. Gay Street Columbus, Ohio 43215 (614) 645-8662	2.
3. Lincoln Theatre Association 55 W. State Street Columbus, Ohio 43215	4.

Check here if listing additional parties on a separate page.

SIGNATURE OF AFFIANT

Subscribed to me in my presence and before me this _____ day of March, in the year 2007

SIGNATURE OF NOTARY PUBLIC

My Commission Expires:

This Project Disclosure Statement expires six months after date of notarization.

Notary Seal Here



RITA J. MARTIN
Notary Public, State of Ohio
My Commission Expires 11-02-10