



Z88-1844B 1521 N. Cassady Ave. Approximately 3.78 acres L-C-4 to L-C-4



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DEPARTMENT OF EULDING AND MOTERS SERVICES

ORD #1995-2021; Z88-1844B; Page 4 of 5 **Standardized Recommendation Form**

111 N. Front Street, Columbus, Ohio 43215

Phone: 614-645-4522 • www.columbus.gov/bzs • zoninginfo@columbus.gov

FOR USE BY: AREA COMMISSION / COMMUNITY GROUP / HISTORIC ARCHITECTURAL REVIEW (PLEASE PRINT) Z88-1844B Case Number: 1521 N. Cassady Ave. Address: Northeast Area Commission Group Name: May 6, 2021 **Meeting Date: BZA Variance / Special Permit Specify Case Type:** Council Variance Rezoning Graphics Variance / Plan / Special Permit Approval **Recommendation:** Disapproval (Check only one and list basis for recommendation below) **NOTES:** All commissioners voted to approve the above application Vote: Signature of Authorized Representative North East Area Commission RECOMMENDING GROUP TITLE

Please e-mail this form to the assigned planner within 48 hours of your meeting day; or MAIL to: Assigned Planner, City of MAIL to: Columbus, Department of Building & Zoning Services, 111 N. Front St, Columbus, OH 43215.

614-596-2963

DAYTIME PHONE NUMBER



AND ZONING SERVICES

ORD #1995-2021; Z88-1844B; Page 5 of 5

Rezoning Application

111 N Front Street, Columbus, Ohio 43215 Phone: 614-645-4522 • ZoningInfo@columbus.gov • www.columbus.gov/bzs

PROJECT DISCLOSURE STATEMENT

APPLICATION #: <u>Z88-1844B</u>

Parties having a 5% or more interest in the project that is the subject	et of this application.
THIS PAGE MUST BE FILLED OUT COMPLETELY AND N	OTARIZED. Do not indicate 'NONE' in the space provided.
STATE OF OHIO COUNTY OF FRANKLIN	
Being first duly cautioned and sworn (NAME) Connie J. Klems of (COMPLETE ADDRESS) P.O. Box 991, Pataskala, Ohio deposes and states that (he/she) is the APPLICANT, AGENT, OR D a list of all persons, other partnerships, corporations or entities have application in the following format:	43062 ULY AUTHORIZED ATTORNEY FOR SAME and the following is
Bus Nu	me of Business or individual (including contact name and number) siness or individual's address; City, State, Zip Code mber of Columbus-based employees mited to 3 lines per box)
1. Shivji Hospitality, LLC 9319 Alyssa Dr. Powell, Ohio 43065	2. Columbus-based employees: /O
3.	4.
\square Check here if listing additional parties on a separate page. SIGNATURE OF AFFIANT $\qquad \qquad \qquad$	•
Sworn to before me and signed in my presence this day Manual Common Signature of Notary Public	notary Seal Here Notary Seal Here My Commission Expires MARCY D GREEN Notary Public
OLOMITORE OF HOTERS I ODDIE	My Commission Expires Notary Public State of Ohio My Comm. Expires

This Project Disclosure Statement expires six (6) months after date of notarization.

Page 5 of 10 pbb 5/20

February 28, 2025