



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

Group Name New East Area Commission

Meeting Date 11/11/24

Specify Case Type
 BZA Variance (Begins with "V")
 BZA Special Permit (Begins with "SP")
 Council Variance (Begins with "CV")
 Rezoning (Begins with "Z")
 Graphics (Begins with "VG")
 Graphics Special Permit (Begins with "SPG")

Case Number CV04-039

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

Variances renewal for two years.

*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 10- FOR & AGAINST 1 ABS

Signature of Authorized Representative Kathleen D. Bailey

SIGNATURE Chair

RECOMMENDING GROUP TITLE

252-3283

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 and Development Services, 757 Carolyn Avenue, Columbus, Ohio 43224.