



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

Group Name Greater Hilltop Area Commission

Meeting Date 9-7-04

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

Case Number 204-069

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

*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 12-0

Signature of Authorized Representative [Signature]

SIGNATURE Zoning Chair

RECOMMENDING GROUP TITLE 614-276-1997

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 Services Division, 757 Carolyn Avenue, Columbus, Ohio 43224.