

Statement of Hardship

May 9, 2022

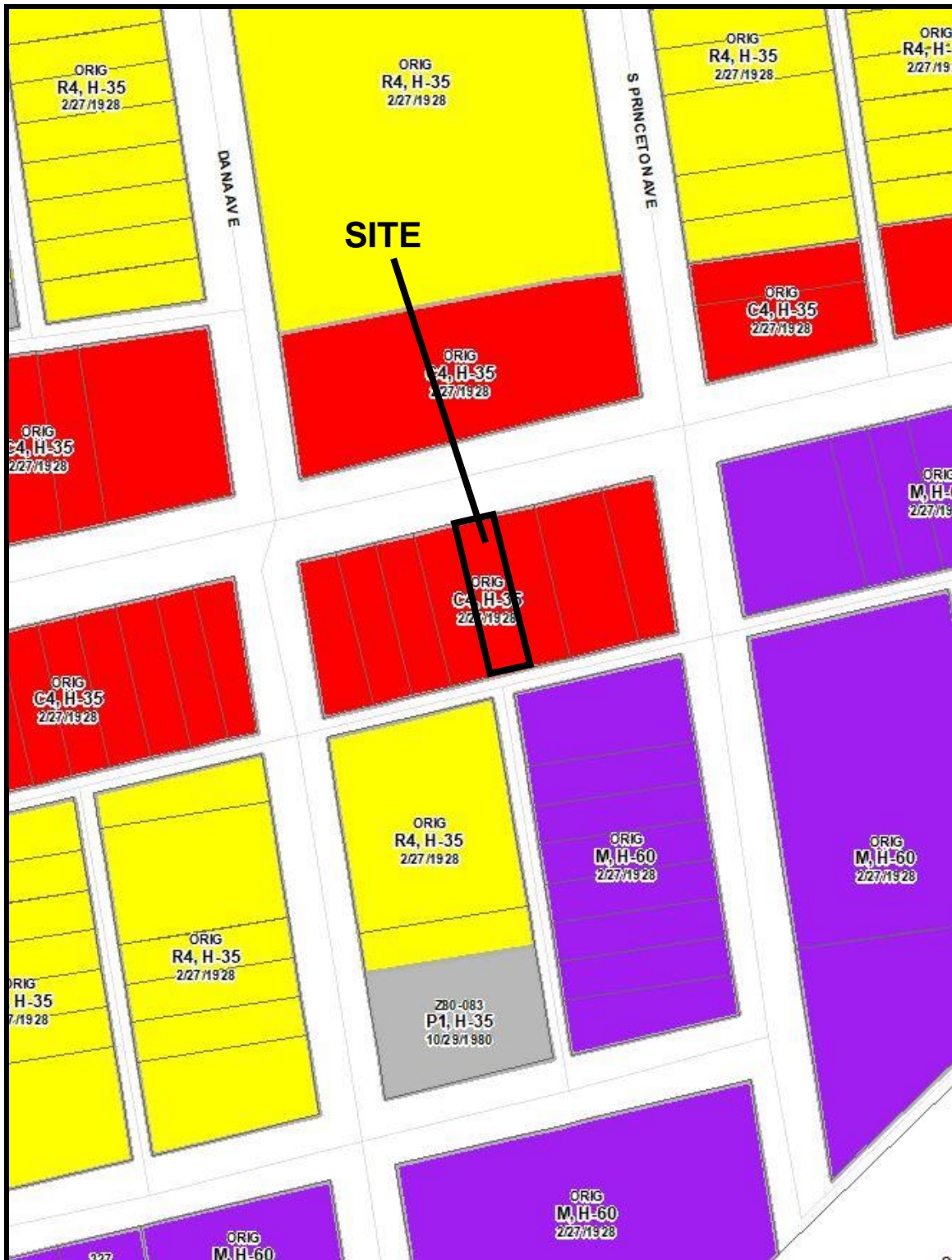
I am requesting a variance to Section 3356.11.A.2 for a reduced building setback line from 40 feet to 6 feet. The existing structure from an estimate is between 6 to 10 feet from the road right-a-way. I also want to give myself enough room to cover the building since an accurate site plan with my dimensions was not submitted yet.

I am also requesting Section 3356.03, C-4 Commercial District permitted uses, to allow a single-unit residential use on the property.

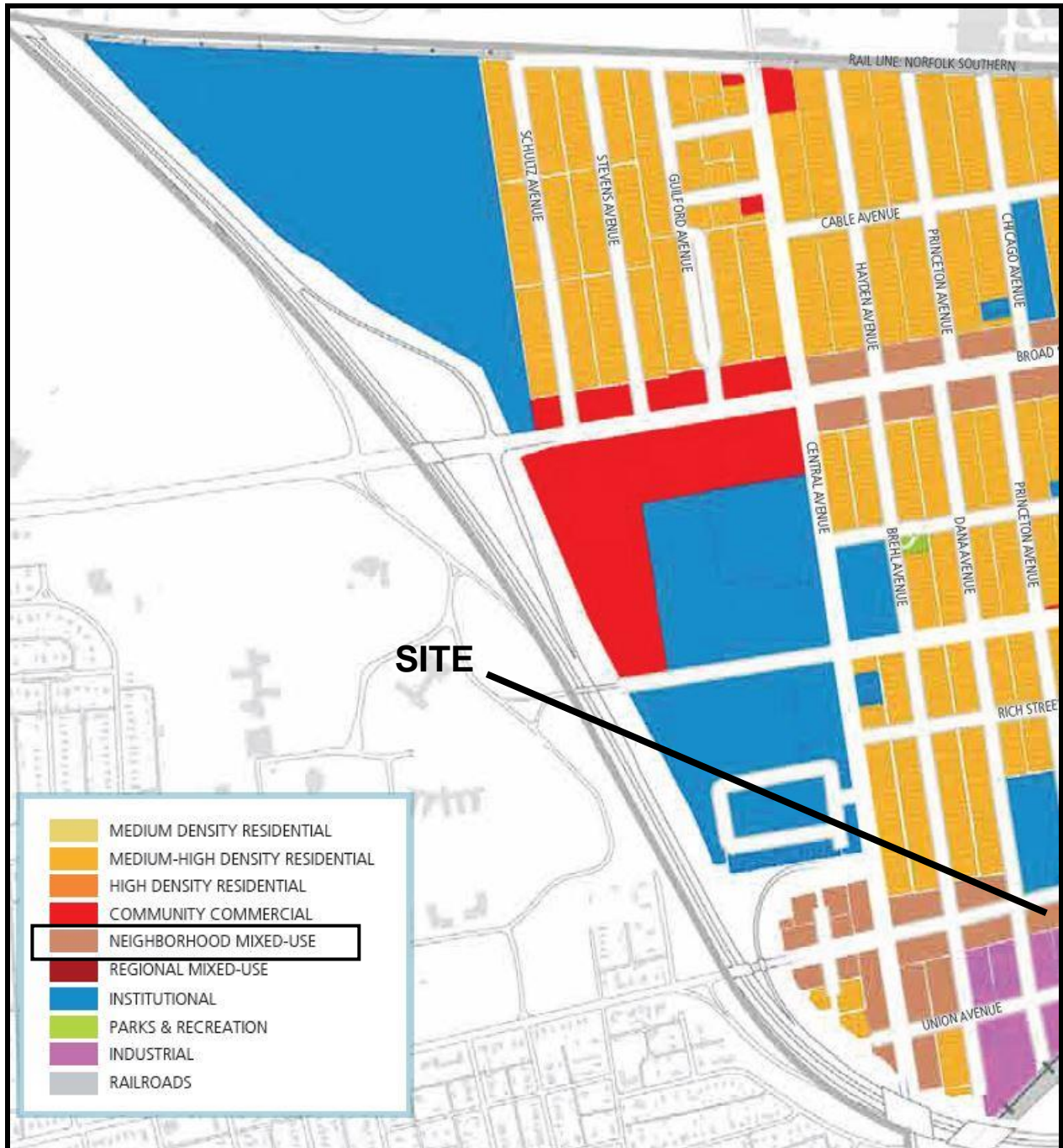
If you have any concerns and/or questions, please advise.

SChapman
614.554.8164

A handwritten signature in black ink that reads "Shenequa Chapman". The signature is written in a cursive, flowing style.



CV22-030
1299 Sullivant Ave.
Approximately 0.08 acres



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Approximately 0.08 acres

111 N Front Street, Columbus, Ohio 43215

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

FOR USE BY: AREA COMMISSION / NEIGHBORHOOD GROUP
(PLEASE PRINT)

Case Number _____

Address _____

Group Name _____

Meeting Date _____

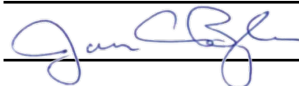
Specify Case Type **BZA Variance / Special Permit**
 Council Variance
 Rezoning
 Graphics Variance / Plan / Special Permit

Recommendation **Approval**
(Check only one) **Disapproval**

LIST BASIS FOR RECOMMENDATION:

Vote

Signature of Authorized Representative



Recommending Group Title

Daytime Phone Number

Please **e-mail** this form to **the assigned planner within 48 hours of meeting day**; OR **FAX** to Zoning at (614) 645-2463; OR **MAIL** to: Zoning, City of Columbus, Department of Building & Zoning Services, 111 N Front Street, Columbus, Ohio 43215.

Council Variance Application

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PROJECT DISCLOSURE STATEMENT

APPLICATION #: CV22-030

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 FRANKLIN

Being first duly cautioned and sworn (NAME)

of (COMPLETE ADDRESS)

Shenequa Chapman
3220 E Livingston Ave Columbus, OH 43227
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 (including contact name and number)

Business or individual's address; City, State, Zip Code

Number of Columbus-based employees

(Limited to 3 lines per box)

1. <u>UmPierre LLC (614) 554-8164</u> <u>P.O. Box 334</u> <u>Brice, OH 43109</u>	2.
3.	4.

☐ Check here if listing additional parties on a separate page.

SIGNATURE OF AFFIANT

Sworn to before me and signed in my presence this 29th day of March, in the year 2022

SIGNATURE OF NOTARY PUBLIC

My Commission Expires

Notary Seal Here



Celeste T. Anderson
Notary Public, State of Ohio
My Commission Expires

3-18-26

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