

DEPARTMENT OF BUILDING AND ZONING SERVICES

ORD # 2259-20107; CV17-046; Page 1 of 6

COUNCIL VARIANCE APPLICATION

Department of Building & Zoning Services

Scott Messer, Director 757 Carolyn Avenue, Columbus, Ohio 43224 Phone: 614-645-7433 • www.bzs.columbus.gov

STATEMENT OF HARDSHIP

Application Number: CVI7-044

Chapter 3307 of the Columbus Zoning Code

Section 3307.10 Variances by City Council

- A. Permit a variance in the yard, height, or parking requirements of any district only in conjuction with a change in zoning or a use variance and only where there are unusual and practical difficulties or unusual hardships in the carrying out of the zoning district provisions due to an irregular shape of lot, topography, or other conditions, providing such variance will not seriously affect any adjoining property or the general welfare.
- B. Permit a use of the property not permitted by the Zoning District established on the property if such use will not adversely affect the surrounding property or surrounding neighborhood and if Council is satisfied that the granting of such variance will alleviate some hardship or difficulty which warrants a variance from the Comprehensive Plan.

 Before authorizing any variance from the Zoning Code in a specific case, City Council shall first determine that such variance will not impair an adequate supply of light and air to the adjacent property, unreasonably increase the congestion of public streets, increase the danger of fires, endanger the public safety, unreasonably diminish or impair the public health, safety, comfort, morals, or welfare of the inhabitants of the City of Columbus.

 In granting a variance pursuant to this section, Council may impose such requirements and conditions regarding the location, character, duration, and other features of the variance proposal as Council deems necessary to carry out the intent and purpose of this Zoning Code and to otherwise safeguard the public safety and welfare

List all sections of Code to be varied and explain your reasoning as to why this request should be granted.

PLEASE NOTE: It is the applicant's responsibility to identify all variances required for the project. If any necessary variances are discovered after your application is approved, a new application will be required.

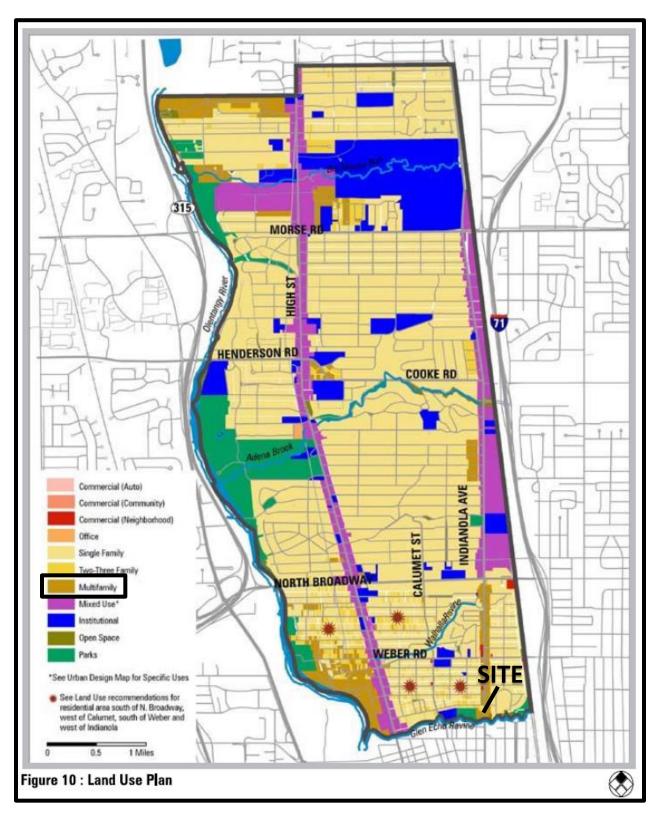
I have read the foregoing and believe my application for relief from the requirements of the Zoning Code contains the necessary hardship, will not adversely affect surrounding property owners and will comply with the variance(s) requested as detailed below (use separate page if needed or desired):

This application speks a variance from Section 3356.03 of the Columbus
City Code (C4 Permitted Uses) to allow for first floor residential uses.
Although currently zoned C4, the property's current and historic use
is a single family residence, which is consistent with other structures in
the area. Property owner intends to construct ADA-compliant addition
to enable home care for mobility-challenged parent. Applicant
does not believe this variance will negatively affect any adjoining
property or the general welfare, as the immediate vicinity is
exclusively residential and not commercial.
Signature of Applicant Barbara J. Lubberger Date 6/20/2017



CV17-046 2751 Indianola Avenue Approximately 0.19 acres

Clintonville Area Plan (2009)



CV17-046 2751 Indianola Avenue Approximately 0.19 acres



CV17-046 2751 Indianola Avenue Approximately 0.19 acres



Standardized Recommendation Form

DEPARTMENT OF BUILDING AND ZONING SERVICES 757 Carolyn Avenue, Columbus, Ohio 43224 Phone: 614-645-7433 • www.bzs.columbus.gov

FOR USE BY: AREA CO	OMMISSION / COM	MUNITY GROUP / HISTORIC ARCHITECTURAL REVIEW	
Case Number	CV17-046		
Address	2751 Indianola	a Ave 43202	
Group Name		rea Commission	
Meeting Date July 6, 2017			
Specify Case Type	☐ BZA Variance ☑ Council Varian ☐ Rezoning	/ Special Permit nce ance / Plan / Special Permit	
Recommendation (Check only one)	☑ Approval☐ Disapproval		
NOTES:Requested Varia	nnce: To allow chan	ge of use in a C-4 district to allow residential use on the 1st floor of a	
* Motion actually passed	9-0, but 3 members of co	ommission had not yet received council appointment.	
Vote Signature of Authori Recommending Gro		Passed 6*- 0 Clintonville Area Commission	
Daytime Phone Number		614-795-3137/matthewcull.cac@gmail.com	

Please e-mail this form to the assigned planner within forty-eight (48) hours of your meeting day; or FAX to Zoning at (614) 645-2463; OR MAIL to: Zoning, City of Columbus, Department of Building & Zoning Services, 757 Carolyn Avenue, Columbus, Ohio 43224.

THE CITY OF COLUMBUS ANDREW J. GINTHER. MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

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PROJECT DISCLOSURE STATEMENT

Parties having a 5% or more interest in the project that is the subject of this application.

STATE OF OHIO COUNTY OF FRANKLIN Being first duly cautioned and sworn (NAME) GOOGNETER ADDRESS) Application Number: COLUMBUS OF GOODNETER ADDRESS) 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 individuals address Address of corporate headquarters Columbus based employees Contact name and number 2. Application Number of Columbus based employees Contact name and number Columbus, Ohio 43202 3. 4. Check here if listing additional property owners on a separate page. SIGNATURE OF AFFIANT Basern to before me and signed in my presence this 1st day of large in the year 2017 Notary Public State of Ohio Notary Public Shirtay A. Dillard Notary Public State of Ohio Notary Public Stat	Turkee having a 5/6 or more mercer in the project time to the cashes or time approximation.
Barbara J. Lubberger 1. Barbara J. Lubberger 2. Columbus Ohio 43202. 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 Saddress Address of corporate headquarters City, State, Zip Number of Columbus based employees Cotact name and number 2. 2. 2. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED. Do not indicate 'NONE' in the space provided.
Being first duly cautioned and sworn (NAME) Being first duly cautioned and sworn (NAME) Being first duly cautioned and sworn (NAME) COLUMBLETE ADDRESS) 2451 Indianal Ave. Columbus Onio 43202 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 Business or individuals address Address of corporate headquarters City, State, Zip Number of Columbus based employees Contact name and number 2. 2. 1. Baybaya 3. 4. Check here if listing additional property owners on a separate page. SIGNATURE OF AFFIANT Baybaya Address of corporate headquarters City, State, Zip Notary Seal Here My Commission Expires Signature of AFFIANT Signature of AFFIANT Public Notary Seal Here My Commission Expires Signature of AFFIANT Public State of Onlo My Commission Expires 04-27-22	Application Number:
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	PLEASE NOTE: Incomplete information will result in the rejection of this submittal.

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Applications must be submitted by appointment. Call 614-645-4522 to schedule.

Please make checks payable to the Columbus City Treasurer