



BOARD OF ZONING ADJUSTMENT APPLICATION

City of Columbus, Ohio • Department of Building & Zoning Services
757 Carolyn Avenue, Columbus, Ohio 43224 • Phone: 614-645-7433 • www.columbus.gov

OFFICE USE ONLY

Application Number: _____
Date Received: _____
Commission/Civic: _____
Existing Zoning: _____ Application Accepted by: _____ Fee: _____
Comments: _____

TYPE(S) OF ACTION REQUESTED (Check all that apply)

Variance Special Permit

Indicate what the proposal is and list applicable code sections.

LOCATION

1. Certified Address Number and Street Name _____

City _____ State _____ Zip _____

Parcel Number (only one required) _____

APPLICANT: (IF DIFFERENT FROM OWNER)

Name _____

Address _____ City/State _____ Zip _____

Phone # _____ Fax # _____ Email _____

PROPERTY OWNER(S):

Name _____

Address _____ City/State _____ Zip _____

Phone # _____ Fax # _____ Email _____

Check here if listing additional property owners on a separate page.

ATTORNEY / AGENT (CHECK ONE IF APPLICABLE)

Attorney Agent

Name _____

Address _____ City/State _____ Zip _____

Phone # _____ Fax # _____ Email: _____

SIGNATURES (ALL SIGNATURES MUST BE PROVIDED AND SIGNED IN BLUE INK)

APPLICANT SIGNATURE _____

PROPERTY OWNER SIGNATURE _____

ATTORNEY / AGENT SIGNATURE _____

PLEASE NOTE: incomplete information will result in the rejection of this submittal.
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BZA APPLICATION CHECKLIST

The application package must consist of TWO (2) COMPLETE SETS of all items listed below, one of which must contain the original signed forms.

- The Application Form**
- Statement of Hardship**
- Notarized Affidavit Form and Label Sets**
- Notarized Project Disclosure Statement**
- Address Card** (or City address history showing current use)
The source for address card is the Columbus Department of Public Service, Division of Planning & Operations; 109 N Front Street, 3rd floor, Columbus, Ohio 43215, Phone (614)645-5661.
- Legal Description of the Subject Property**
Current property survey to include acreage of the subject property and all metes and bounds, referencing the centerline intersection of two public streets. (Acceptance of subdivision lot numbers with corresponding plat map copies is contingent upon staff review.)
- Location Maps (E-plot and A-plot maps)**
Location maps shall consist of subject site outlined or highlighted on an E-plot and on an A-plot using ALL data layers. Location maps must be to engineer's scale. E-plot and A-plot maps are available from the Franklin County Auditor's Map Room; 373 South High Street, 19th floor; Columbus, Ohio 43215, Phone [614] 525-4663. If in another county a comparable map must be obtained.
- Site Plan**
The site plan must be drawn to Engineer's scale and provide applicable information as itemized on the Zoning Review Checklist Form or Site Plan Information Required for 1-2and-3-units Form available at <http://bzs.columbus.gov>. A total of two (2) 2' x 3' original scale plans and two (2) 8-1/2" x 11" reductions are required.
- Power of Attorney**
If you are an applicant who does not own the subject property, and you are not the owner's attorney, an engineer or an architect licensed by the State of Ohio, you must submit a power of attorney from the owner. If the subject property is owned by a partnership, corporation, limited liability company, trust or estate, and you are not an attorney, an engineer or an architect licensed by the State of Ohio, you must submit a corporate resolution, a letter of authority from the probate court, or other legal document indicating your right to represent its interest.
- Zoning Orders**
If this application is being made due to issuance of zoning violation orders, please attach a copy of the orders.
- Application Fees (Non-Refundable)** Checks are to be made payable to: Columbus – City Treasurer
 - 1-3 dwelling units, per dwelling unit, for residential uses \$ 315.00
 - All other uses \$1,900.00

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INSTRUCTIONS FOR AFFIDAVIT

- (1) Name and address of the person who did the research. It is important that the person who does the research is the same person who signs the notarized affidavit
- (2) Address of the subject as indicated on the address card from the Department of Public Service, Division of Planning & Operations; 109 N. Front Street, 3rd floor, Columbus, Ohio 43215, Phone (614) 645-5661.
- (3) Leave blank – we will fill this out at the time of application.
- (4) From real property records located on the 19th floor of the Franklin County Court House Building, 373 South High Street, or other records enter the name and address of the owner(s) of the property the application is for. (This must be the same as the “Property Owner(s)” shown on the application.)
- (5) Fill in the appropriate Area Commission/Civic Association and complete contact information. This information can be obtained by contacting Michael Puckett, Manager; Neighborhood Liaisons at (614) 645-3219.
- (6) A “Variance Report” listing the surrounding property owners can be obtained at the Franklin County Auditor’s Office. From the same records as in Item #4, enter the name and complete mailing address (including zip code) of the owners of all property located within 125 feet of the subject site or the boundaries of ownership in the event that one or more property owners of the subject site owns contiguous property. This shall include properties across the street and in other municipalities and jurisdictions, if applicable. Also, include the owners of any property within 125 feet of the applicant’s property in the event the applicant or the property owner of the subject site owns the property contiguous to the subject property.
 - (6a) It is the affiant’s responsibility to determine the actual address, including personally visiting the properties, if necessary.
 - (6b) **DO NOT list a mortgage company as a mailing address** for the property unless title to the property is held by the mortgage company, thereby making the company the actual property owner. It is the affiant’s responsibility to exercise reasonable diligence to determine the address of the actual property owner.
 - (6c) If property owners appear on the list more than once please provide only one mailing label.
- (7) **Please submit 2 label sets in Avery #5160 format (example provided), plus 1 master set on paper, and one master set saved as an MS Word document on a CD ROM, listing the names and complete addresses of the applicant; the property owner(s); attorney/agent; applicable Area Commission or neighborhood group; and surrounding real property owners as explained in (6) above. Make sure that the last two lines of the address label contain the street address and the city, state, and zip code.**
- (8) This Affidavit form must be signed in the presence of a Notary Public.
- (9) The Affidavit expires six months after date of notarization.

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AFFIDAVIT

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (1) NAME _____
of (1) MAILING ADDRESS _____

deposed and states that (he/she) is the applicant, agent, or duly authorized attorney for same and the following is a list of the name(s) and mailing address(es) of all the owners of record of the property located at

(2) per ADDRESS CARD FOR PROPERTY

for which the application for a rezoning, variance, special permit or graphics plan was filed with the Department of Building and Zoning Services, on (3) _____

(THIS LINE TO BE FILLED OUT BY CITY STAFF)

SUBJECT PROPERTY OWNERS NAME (4) _____

AND MAILING ADDRESS _____

APPLICANT'S NAME AND PHONE # (same as listed on front of application) _____

AREA COMMISSION OR CIVIC GROUP (5) _____

AREA COMMISSION ZONING CHAIR OR _____

CONTACT PERSON AND ADDRESS _____

and that the following is a list of the **names** and **complete mailing addresses**, including **zip codes**, as shown on the **County Auditor's Current Tax List or the County Treasurer's Mailing List**, of all the **owners of record of property within 125 feet** of the exterior boundaries of the property for which the application was filed, **and** all of the owners of any property within 125 feet of the applicant's or owner's property in the event the applicant or the property owner owns the property contiguous to the subject property:

(6) PROPERTY OWNER(S) NAME (6A) ADDRESS OF PROPERTY (6B) PROPERTY OWNER(S) MAILING ADDRESS

(7) Check here if listing additional property owners on a separate page.

SIGNATURE OF AFFIANT (8) _____

Subscribed to me in my presence and before me this _____ day of _____, in the year _____

SIGNATURE OF NOTARY PUBLIC (8) _____

My Commission Expires: _____

Notary Seal Here

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PROJECT DISCLOSURE STATEMENT

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.

APPLICATION # _____

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) _____
of (COMPLETE ADDRESS) _____
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 and their mailing addresses:

NAME	COMPLETE MAILING ADDRESS

SIGNATURE OF AFFIANT _____

Subscribed to me in my presence and before me this _____ day of _____, in the year _____

SIGNATURE OF NOTARY PUBLIC _____

My Commission Expires: _____

Notary Seal Here

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STANDARDIZED RECOMMENDATION FORM

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

Case Number _____

Address _____

Group Name _____

Meeting Date _____

Specify Case Type

- BZA Variance / Special Permit**
- Council Variance**
- Rezoning**
- Graphics Variance / Plan / Special Permit**

Recommendation
(Check only one)

- Approval**
- Disapproval**

NOTES: _____

Vote _____

Signature of Authorized Representative _____

SIGNATURE

RECOMMENDING GROUP TITLE

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, Department of Building & Zoning Services, 757 Carolyn Avenue, Columbus, Ohio 43224.



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EXAMPLE LABEL SET

APPLICANT

ACME Inc.
c/o Brad Clark
555 Main Street
Anytown, USA 10000

PROPERTY OWNER

Jeffery Jackson
430 Main Street
Anytown, USA 10000

ATTORNEY

John W. Smith
Law Office LP
123 Main Street
Anytown, USA 10000

AREA COMMISSION OR NEIGHBORHOOD GROUP

Civic Group
c/o Zoning Chair Person
100 Main St.
Anytown, USA 10000

SURROUNDING PROPERTY OWNERS

Jeffery Johnson
430 Main St.
Anytown, USA 10000

Robert Miller
425 Main St.
Anytown, USA 10000

Jane Lewis
429 Main St
Anytown, USA 10000

Country Snaps LP
c/o Shopping Centers Inc.
355 Town St
Anytown, USA 10000

Joel and Carla Nelson
434 Main St
Anytown, USA 10000

Susan Griffin
505 High St
Anytown, USA 10000

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