

# Board of Zoning Adjustment Application

DEPARTMENT OF BUILDING  
AND ZONING SERVICES

111 N Front Street, Columbus, Ohio 43215  
Phone: 614-645-4522 • ZoningInfo@columbus.gov • www.columbus.gov/bzs

OFFICE USE ONLY

Application Number: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Assigned Planner: \_\_\_\_\_ Fee: \_\_\_\_\_  
Contact Information: \_\_\_\_\_  
Comments: \_\_\_\_\_

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

Variance                      Special Permit

Project Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION**                      *Check here if listing additional parcel numbers on separate page*

Certified Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Neighborhood Group: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

**APPLICANT** *(If different from Owner):*

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PROPERTY OWNER(S)**                      *Check here if listing additional property owners on a separate page*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**AGENT** *(Check one if applicable)*      Attorney      Agent      Licensed Architect or Engineer      Landscape Architect

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**SIGNATURES**

APPLICANT SIGNATURE \_\_\_\_\_

PROPERTY OWNER SIGNATURE \_\_\_\_\_

AGENT SIGNATURE \_\_\_\_\_

## BZA APPLICATION CHECKLIST

A complete application consists of all applicable items listed below submitted in digital PDF format.

### The Application Form

The Owner is the Applicant by default, unless there is a tenant to be included. An Agent, if applicable, is representing the Applicant, and cannot be the Applicant.

### Statement in Support (see instructions on form)

#### Notarized Affidavit Form and Label Sets (See full instructions on form; some are provided here)

- The “Proximity Report” listing the surrounding property owners can be obtained at the Franklin County Auditor’s office. Similar reports can also be obtained on the applicable County Auditor website.  
From the Franklin County Auditor’s website, after having opened the subject property record, select the Mapping page and run a 125-foot Buffer Search around the property (including contiguously-owned property), and generate the Proximity Report to obtain an Excel list of surrounding property owners.
- The mailing labels are emailed with the application as an Avery #5160 formatted Word document. This document can serve as the “Proximity Report” referred to on page 6.  
Use the owner’s mailing address by default, instead of the property address when they differ.  
For owner-occupied dwelling units, please also include “or Current Occupant” after the owner(s) name.  
If property owners appear on the list more than once, please provide only one mailing label.

### Notarized Project Disclosure Statement (see instructions on form)

### Zoning Number (required only for property that does not already have an existing address):

A Zoning Number can be obtained by contacting [BZS-GIS@columbus.gov](mailto:BZS-GIS@columbus.gov).

### Power of Attorney

If you are an applicant or agent 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.

### Site Plan

An accurate, scaled site plan with dimensions and/or other precise documentation of requested variance(s) in digital PDF format. If physical copies are submitted they should be on 8-1/2” x 11” or 11” x 17” paper.

### Zoning Orders

If this application is being made due to the issuance of zoning violation orders, please attach a copy of the order(s).

### Application Fees (Non-Refundable)

Online payments are preferred; instructions provided after submittal.

Checks made payable to: Columbus City Treasurer

- |  |                   |
|--|-------------------|
| • 1-4 dwelling units, for residential uses | \$350.00/per unit |
| • All other uses                           | \$2,500.00        |
| • Tabling for 1-4 dwelling units           | \$150.00          |
| • Tabling for all other uses               | \$400.00          |

# Board of Zoning Adjustment Application

## STATEMENT IN SUPPORT OF VARIANCE(S)

### 3307.09 Variances by Board.

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 not included, a new application (and applicable fees) will be required.**

A. The Board of Zoning Adjustment shall have the power, upon application, to grant variances from the provisions and requirements of this Zoning Code (except for those under the jurisdiction of the Graphics Commission and except for use variances under the jurisdiction of the Council). The board shall take into account all of the following facts and conditions when considering variances. Please answer in detail the following and check either Y or N.

1. Whether the property in question will yield a reasonable return or whether there can be any beneficial use of the property without a variance.

Yes    No

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2. Whether the variance is substantial.

Yes    No

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3. Whether the essential character of the neighborhood would be substantially altered or whether adjoining properties would suffer a substantial detriment as a result of the variance.

Yes    No

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4. Whether the variance would adversely affect the delivery of governmental services (e.g., water, sewer, refuse service).

Yes    No

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5. Whether the property owner purchased the property with knowledge of the zoning restriction.

Yes    No

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## STATEMENT IN SUPPORT OF SPECIAL PERMIT REQUEST

### 3307.06 Special Permits

The board of zoning adjustment shall have the power:

- A. To grant special permits for uses listed in [Chapter 3389](#) where it is shown that the special use can be granted without substantial detriment to the public good, without substantial impairment of the general purpose and intent of the zoning district in which the use is proposed to be located, and without significant incompatibility with the general character of the neighborhood.
- B. To grant special permits for the relocation or expansion of nonconforming uses, where it can be shown that the relocation or expansion of the nonconforming use can be granted without substantial impairment of the general purpose and intent of the underlying zoning district, and without significant incompatibility with the general character of the neighborhood. No expansion of a nonconforming use shall exceed 50 percent of the total floor area the original nonconforming use occupied.
- C. To impose such requirements and conditions regarding the location, character, and other features of the proposed uses or structures as the board deems necessary to carry out the intent and purpose of the Zoning Code and to otherwise safeguard the public safety and welfare.
- D. Upon application by the city attorney, to revoke any special permit whose condition has been violated after notice and opportunity to conform have been given.
- E. To grant special permits for the relocation or expansion of nonconforming uses, where it can be shown that the relocation or expansion of the nonconforming use can be granted without substantial impairment of the general purpose and intent of the underlying zoning district, and without significant incompatibility with the general character of the neighborhood. No expansion of a nonconforming use shall exceed 50 percent of the total floor area the original nonconforming use occupied.

**List all sections of Code relevant to your Special Permit request and explain your reasoning as to why this request should be granted.**

**PLEASE NOTE: It is the applicant's responsibility to identify the Special Permit required for the project. If the necessary Special Permit is not requested, a new application (and applicable fees) will be required.**

**I have read the foregoing and believe my application meets the criteria of C.C. 3307.06 in the following ways (use separate page if needed or desired):**

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**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## AFFIDAVIT

STATE OF OHIO  
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (1) NAME \_\_\_\_\_

of (1) MAILING ADDRESS \_\_\_\_\_

deposes 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 PROPERTY ADDRESS \_\_\_\_\_

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

SUBJECT PROPERTY OWNER'S NAME (3) \_\_\_\_\_  
AND MAILING ADDRESS \_\_\_\_\_

APPLICANT'S NAME AND PHONE # \_\_\_\_\_  
(same as listed on front application) \_\_\_\_\_

NEIGHBORHOOD GROUP (4) \_\_\_\_\_  
ZONING CHAIR OR CONTACT PERSON \_\_\_\_\_  
AND EMAIL ADDRESS \_\_\_\_\_

and that the attached document (5) 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.

SIGNATURE OF AFFIANT \_\_\_\_\_

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

SIGNATURE OF NOTARY PUBLIC \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Notary Seal Here

*This Affidavit expires six (6) months after date of notarization.*

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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 site as indicated on the address card from the Department of Building & Zoning Services, Map Room; Phone (614) 645-5661.
- (3) From real property records located on the 19th floor of the Franklin County Court House Building, 373 South High Street, or other applicable government records, such as the County Auditor website: enter the name and mailing address of the owner(s) of the subject property (this must be the same as the “Property Owners” shown on the application).
- (4) Fill in the appropriate Neighborhood Group and complete contact information. Go to [CbusAreaCommissions.org](http://CbusAreaCommissions.org) to identify the Area Commission and, for areas not served by one, use the [ONE Map \(gis.columbus.gov/one\)](http://gis.columbus.gov/one). Then, contact the Department of Neighborhoods at 614-645-1993 or the assigned Neighborhood Liaison to confirm this information.
- (5) A “Proximity Report” listing the surrounding property owners can be obtained from the applicable County Auditor. This list shall include properties across the street and in other municipalities and jurisdictions, if applicable. From the Franklin County Auditor’s website, after having opened the subject property record, select the Mapping page and run a 125-foot Buffer Search around the property (including contiguously-owned property), and generate the Proximity Report to obtain an Excel list of surrounding property owners.
  - (5a) It is the affiant’s responsibility to determine the actual address, including personally visiting the properties, if necessary.
  - (5b) 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.
  - (5c) For owner-occupied dwelling units, please also include “or Current Occupant” after the owner(s) name.
  - (5d) If property owners appear on the list more than once, please provide only one mailing label.
  - (5e) **Please submit an MS Word document in Avery #5160 format (example provided), emailed to staff with the application, listing the names and complete addresses of the applicant; property owner(s); agent; applicable Area Commission or Neighborhood Group; and surrounding real property owners as explained in (5) above. Make sure that the last two lines of the address label contain the street address and the city, state, and zip code.**
- (6) This Affidavit form must be signed in the presence of a Notary Public. The Affidavit expires six (6) months after date of notarization.

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**EXAMPLE LABEL SET**

<b>APPLICANT</b>	<b>PROPERTY OWNER</b>	<b>AGENT</b>
ACME Inc. C/O Brad Clark 555 Main Street Anytown, USA 10000	Jeffrey Jackson 430 Main Street Anytown, USA 10000	John W. Smith Law Office LP 123 Main Street Anytown, USA 10000
<b>AREA COMMISSION OR NEIGHBORHOOD GROUP</b>		
Neighborhood Group Name c/o Zoning Chair Person 100 Main Street Anytown, USA 10000		
	<b>SURROUNDING PROPERTY OWNERS</b>	
Jeffrey Johnson/or current occupant 430 Main Street Anytown, USA 10000	Robert Miller/or current occupant 425 Main Street Anytown, USA 10000	Jane Lewis/or current occupant 429 Main Street Anytown, USA 10000
Country Snaps LP/or current occupant c/o Shopping Centers Inc. 355 Town Street Anytown, USA 10000	Joel and Carla Nelson/ or current occupant 434 Main Street Anytown, USA 10000	Susan Griffin/or current occupant 505 High Street Anytown, USA 10000



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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.

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**

\_\_\_\_\_

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\_\_\_\_\_

SIGNATURE OF AFFIANT \_\_\_\_\_

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires

Notary Seal Here

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

## **PUBLIC HEARINGS APPLICATION INSTRUCTIONS**

Applications are submitted by email to [ZoningInfo@columbus.gov](mailto:ZoningInfo@columbus.gov). Call 614-645-4522 or email for any questions. Follow-up appointments may be arranged with the assigned planner, if necessary. Incomplete applications will NOT be accepted.

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 (and applicable fees) will be required.

Applicants must confirm whether the subject site lies within the boundaries of an Area Commission, recognized Neighborhood Group, Historic Architectural Review Commission, or Design Review Area. Information can be obtained from the Columbus Zoning Map, at [CbusAreaCommissions.org](http://CbusAreaCommissions.org), or the ONE Map ([gis.columbus.gov/one](http://gis.columbus.gov/one)); search by address or parcel ID. You may also contact the Department of Neighborhoods at 614-645-1993 to confirm the area where the site is located.

The applicant must arrange to meet with the group identified above, and obtain a written recommendation prior to the public hearing.

Be advised that the applicant will be assessed additional fees for requests for tabling, reconsideration, etc. These fees are listed on Page 2 of the application and on the Department of Building and Zoning Services website.

The applicant or agent must attend the hearing.

The City of Columbus makes no determination whether a property contains area(s) that might be classified as wetlands by the Army Corps of Engineers and the Ohio Environmental Protection Agency; nor does approval at the public hearing imply the site has complied with wetlands guidelines. It is the applicant's responsibility to determine if wetlands exist on the site.

A traffic impact and/or access study may be required by the Department of Public Service, Division of Traffic Management; the applicant should make contact for this determination as early as possible. All traffic studies must be submitted forty-five (45) days prior to the deadline for the public hearing agenda.

The Development Department Planning Division, as part of the variance or special permit process, reviews applications for consistency with adopted city plans. As part of that review, detailed information such as a site plan or building elevations may be requested. These materials are not necessarily required as part of the variance or special permit application, but may be requested as part of the application review. Contact the Planning Division at [planninginfo@columbus.gov](mailto:planninginfo@columbus.gov) or 614-724-4437 for more information.

For properties undergoing annexation, applications cannot be accepted until the County Commissioners have approved the annexation petition.

An order of the Board of Zoning Adjustment becomes effective immediately. All variances and special permits, unless otherwise specified by the Board, will be void one (1) year after the date issued unless extended by the Board or unless an affirmative action by the applicant has been taken.

Other permits, clearances, and/or licenses may be required.

<b>CUTOFF</b>	<b>STAFF REVIEW</b> (Internal)	<b>HEARING DATE</b> (Earliest Possible)
11/20/23	12/7/23	1/23/24
12/18/22	1/4/24	2/27/24
*1/16/24	2/1/24	3/26/24
*2/20/24	3/7/24	4/23/24
3/18/24	4/4/24	5/28/24
4/15/24	5/2/24	6/25/24
5/20/24	6/6/24	7/23/24
6/17/24	7/11/24	8/27/24
7/15/24	8/1/24	9/24/24
8/19/24	9/5/24	10/22/24
9/16/24	10/3/24	11/26/24
10/21/24	11/7/24	**12/17/24
11/18/24	12/5/24	1/28/25
12/16/24	1/2/25	2/25/25

\*Tuesday due to holiday

\*\*3rd Tuesday due to holiday

**MEETINGS WILL BE HELD IN THE SECOND FLOOR HEARING ROOM. ALL MEETINGS BEGIN AT 4:30 PM.**

*STAFF ISSUES MUST BE RESOLVED AND NEIGHBORHOOD GROUP RECOMMENDATIONS MUST BE COMPLETE BEFORE APPLICATIONS ARE CONSIDERED BY THE BOARD.*