

# Graphics Commission 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      Graphics Plan      Special Permit      Miscellaneous Graphic

Project Description:

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

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

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

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

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

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

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ 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 Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

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

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

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

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

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

**SIGNATURES**

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

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

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

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## **GC 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 of Hardship** (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.

### **Sign Illustration**

A scaled drawing, or other form of illustration, of each existing proposed sign, or other graphic, indicating size, copy, color, location and other information necessary to fully describe the results of the requested approval.

### **Graphics Plan**

The documents comprising a proposed Graphics Plan, outlined in C.C. 3382.07(D), including any text and illustrations, signed and dated by the property owner.

### **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                               | \$300.00   |
| • Actions related to Miscellaneous Graphics Permit                       | \$300.00   |
| • All other uses   | \$1,500.00 |
| • Graphics Plan filed in conjunction with a rezoning or Council Variance | \$750.00   |
| • Tabling for 1-4 dwelling units   | \$100.00   |
| • Tabling for all other uses   | \$300.00   |

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## **STATEMENT OF HARDSHIP**

Any request for a Variance from this Graphics Code shall be heard and decided by the Graphics Commission as provided by the Graphics Code.

### **3382.05 Variance.**

- A.** The Graphics Commission shall have the power, upon application, to grant a Variance from one (1) or more provisions of this Graphics Code. No Variance shall be granted unless the Commission finds that a hardship exists, based upon special physical conditions which:
  - 1. Are due to exceptional shallowness, shape, topographic conditions or other extraordinary situations peculiar to the premises itself; or
  - 2. Differentiate the premises from other premises in the same zoning district and the general vicinity; or
  - 3. Prevent a reasonable return in service, use of income compared to other conforming premises in the same district; and
  - 4. Where the result of granting the Variance will not be injurious to neighboring properties and will not be contrary to the public interest or to the intent and purpose of the Graphics Code.
- B.** In granting a Variance, the Graphics Commission may impose such requirements and conditions regarding the location, character, and other features of the *graphics* as the Commission deems necessary to carry out the intent and purpose of this Graphics Code and to otherwise safeguard public safety and welfare.
- C.** Nothing in this Graphics Code shall be construed as authorizing the Commission to affect changes in the Zoning Map or to add to the uses permitted in any district.

**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.**

**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):**

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

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## **STATEMENT IN SUPPORT OF SPECIAL PERMIT REQUEST**

Any request for a Special Permit, where required by this Graphics Code shall be heard and decided by the Graphics Commission as provided by the Graphics Code.

### **3382.06 Special Permit.**

- A.** The Graphics Commission shall have power, upon application, to grant a special permit for the situations listed in C.C. 3375.12(B), where it is shown that the special permit 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.** In granting a special permit the graphics commission may impose such requirements and conditions regarding the location, character, and other features of the proposed graphic, as well as such special conditions as maintenance provisions and time limitations necessary to carry out the intent and purpose of this Graphics Code and to otherwise safeguard the public safety and welfare.
- C.** The graphics commission shall have power to review and to revoke any special permit when a condition of the approval has been violated. The applicant shall be notified and given an opportunity to conform prior to such revocation.

**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 Section 3382.06 in the following ways (use separate page if needed or desired):**

**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 \_\_\_\_\_

Notary Seal Here

\_\_\_\_\_  
**(6)** SIGNATURE OF NOTARY PUBLIC

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

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

## 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://ONE.Map(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:

<b>NAME</b>	<b>COMPLETE MAILING ADDRESS</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

Notary Seal Here

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

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

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

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## 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://ONEMap(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.
- 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.

# Graphics Commission Application

<b>CUTOFF</b>	<b>STAFF REVIEW</b> (Internal)	<b>HEARING DATE</b> (Earliest Possible)
November 14, 2022	December 1, 2022	January 17, 2023
December 12, 2022	January 5, 2023	February 21, 2023
January 9, 2023	February 2, 2023	March 21, 2023
February 13, 2023	March 2, 2023	April 18, 2023
March 13, 2023	April 6, 2023	May 16, 2023
April 10, 2023	May 4, 2023	June 20, 2023
May 8, 2023	June 1, 2023	July 18, 2023
June 12, 2023	July 6, 2023	August 15, 2023
July 10, 2023	August 3, 2023	September 19, 2023
August 14, 2023	September 5, 2023	October 17, 2023
September 11, 2023	October 2, 2023	November 21, 2023
October 9, 2023	November 7, 2023	December 19, 2023
November 13, 2023	December 7, 2023	January 16, 2024
December 11, 2023	January 4, 2024	February 20, 2024

**MEETINGS WILL BE HELD IN THE SECOND FLOOR HEARING ROOM. ALL MEETINGS BEGIN AT 4:15 PM.**

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

# Standardized Recommendation Form

DEPARTMENT OF BUILDING  
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**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.