

Standardized Recommendation Form

DEPARTMENT OF BUILDING
AND ZONING SERVICES

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 BZA24-059

Address 2444 RENWOOD PL

Group Name NORTH LINDEN AREA COMMISSION

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:

The requested variance allows the new construction to match the existing development pattern in the neighborhood.

Vote 7-0 (1 absent, 1 abstain)

Signature of Authorized Representative Benjamin L Keith

Recommending Group Title North Linden Area Commission

Daytime Phone Number _____

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