

**PUBLIC NOTICE
CITY OF BEXLEY ARCHITECTURAL REVIEW BOARD
BOARD OF ZONING APPEALS**

The Bexley Architectural Review Board will hold a Public Meeting on the following case on Thursday, January 9th, 2014, at 7:00 P. M., in City Council Chambers, Bexley City Hall, 2242 East Main Street, Bexley, Ohio.

The Board of Zoning Appeals hears requests for Special Permits and Appeals for Variances to the requirements of the Zoning Code, Ordinance No.8-72.

SPECIAL NOTE TO THE APPLICANT: It is important that you or your representative be present at the Public Hearing. It is a rule of the Board to withdraw an application when a representative is not present.

- a. Application No.: 13-0064
- Applicant: Jeff Levy
- Owner: Jeff Levy
- Location: 100 S. Parkview Ave.
- Request: The applicant is seeking architectural review and approval to allow the existing screened porch on the southwest corner of the home to be enclosed and used as a 4-season room.

A copy of this application is available for review in the Building Department office during the hours of 8:00 A.M. until 4:00 P.M. If you have any questions, please call the Bexley Building Department at 559-4240.

Please contact the City of Bexley at 559-4240 at least 48 hours before the scheduled meeting if you need any accommodation or assistance in order to participate at the meeting.

Mailed by 1-02-2014



CITY OF BEXLEY

BOARD OF ZONING APPEALS and ARCHITECTURAL REVIEW APPLICATION

20130064V

Application Number _____

1. Architectural Review for:

____ Addition Alteration ____ New Structure (____)
____ Demolition of a Principal Structure ____ Demolition of Garage

2. Variance For:

____ Principal Structure ____ Garage ____ Fence ____ Other

3. Variance To:

____ Front Yard Setback ____ Side Yard Setback ____ Rear Yard Setback ____ lot coverage

4. Conditional Use For: _____ Home Occupation ____ sq.' / height of structure

5. LOCATION 100 S Parkview Ave. Zoning District _____

6. OWNER JEFF / ALIZA LEW Phone # _____ or Cell # 614-206-0000

* If Applicant is NOT owner, a letter must be submitted giving applicant permission to represent the owner's review request.

7. Applicant JEFF LEW E-mail JLEWY@GARDINVARIANCE.COM Phone # _____ or Cell# _____
Address 100 S Parkview / City, State, Zip _____ 614-206-0000

8. Brief Description of Request and/or Variance convert screened in porch to a 4-season finished room.

9. Valuation of Project \$ 15,000

- APPLICATION REVIEW FEES, (based on valuation of the project):
\$90.00 – up to the first \$10,000 valuation. And \$5.00 for each additional \$10,000 valuation w/\$600 cap.
(Re-submittal fee \$50.00)

- VARIANCE REVIEW FEES:
Single Family \$100.00; Fences or Special Permit \$65.00; All others \$90.00

• SIGNATURE [Signature] DATE 10/15/13

Fee: based on valuation	\$ _____
Fee: based on variance	\$ _____
Other	\$ _____
TOTAL FEE DUE	\$ _____

**Be advised, if the Board or Staff decides it needs the services of an independent expert (example: architect, landscape architect; planner; civil, environmental or traffic engineer; legal counsel, etc.) to assist it, it shall designate the person to be consulted and the cost of consultation thereof shall be paid by the Applicant in addition to the review filing fees. (Ord. 54-11)

• LOT INFORMATION

Address 100 S Parkview Ave Zoning District _____
Lot Width 100 ft Depth 250 ft Total Area 25,000 sq ft
Existing Residence (foot print) 3000 sq ft Garage _____ sq ft
Existing Building Height _____ one-story 33 two-story

Proposed Addition (foot print) _____ sq ft Height _____ one-story _____ two-story

Proposed Garage _____ sq.ft. Height _____ one-story _____ two-story

Permitted Lot Coverage _____ % = _____ sq ft

Lot to be covered _____ % = _____ sq ft

Please submit a **SITE PLAN**, which gives the setback from all existing structures to front, side and rear property lines. Indicate proposed addition or proposed structure and indicate how far it is setback from the front, side and rear property lines. Also include the distance between the principal structure and detached garage.

• ARCHITECTURAL INFORMATION

Architect and/or Residential Designer Residential Design
Contractor/Builder JL Hawksmoor, LLC

Preliminary Review _____ Final Review _____

• DESCRIPTION OF CHANGES PROPOSED convert screened in porch to 4 Season room

• DESCRIPTION OF ANY EXTENUATING CIRCUMSTANCES TO BE CONSIDERED

Please indicate: the existing materials and the proposed changes of exterior materials to be used in the completion of your design project. Check all that apply in each category below:

- **ROOFING** N/A House Only / Garage Only / House & Garage
- Existing Roof Type:
 Slate Clay Tile Wood Shake Standard 3-Tab Asphalt Shingle
 Architectural Dimensional Shingles EPDM (rubber) Roofing Metal
 - New Shingle Manufacturer: _____
 - New Roofing Type, Style & Color: _____

• **WINDOWS**

1. Existing Window Style:

Casement ___ Double Hung ___ Horizontal Sliding ___ Awning
 ___ Fixed ___ Exterior Storm ___ Other: _____

2. Existing Window Materials:

___ Wood ___ Vinyl Vinyl Clad Wood ___ Aluminum Clad Wood
 ___ Aluminum ___ Metal ___ Other: _____

3. New Window Manufacturer: Windsor

4. New Window Style, Material & Color: Windsor Sandstone vinyl clad

• **DOORS**

Existing Exterior Doors (Accurately indicate door style on exterior elevations of drawings)

1. Entrance Door Type ___ Wood ___ Insulated Metal ___ Fiberglass
 ___ Sidelights ___ Transom Window

2. Garage Door Type ___ Wood ___ Insulated Metal ___ Fiberglass

3. Door Finish ___ Stained ___ Painted

Proposed Door Type Windsor / Style SDL Color Sandstone vinyl clad

• **EXTERIOR WALL FINISHES**

TYPE		Manufacture, Style, Color
Existing	Proposed	
()	()	Natural Stone _____
()	()	Cultured Stone _____
()	()	Brick _____
()	()	Mortar _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stucco _____
()	()	Wood Shingle _____
()	()	Wood Siding _____
()	()	Vinyl Siding _____
()	()	Aluminum Siding _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other <u>EIFS Accents</u> _____

• **EXTERIOR TRIM**

1. Existing Door Trim:

___ Cedar ___ Redwood ___ Pine ___ Vinyl
 ___ Wood composite ___ Aluminum Clad ___ Molding N/A
 ___ Standard lumber Profile ___ Other: _____

2. Existing Window Trim:

___ Cedar ___ Redwood ___ Pine ___ Vinyl
 ___ Wood composite ___ Aluminum Clad ___ Molding
 ___ Standard lumber Profile ___ Other: _____

3. Proposed NEW Door Trim: _____

4. Proposed NEW Window Trim: N/A

5. Trim: Color(s): N/A

** Do the proposed changes affect the overhangs? No

• **DECKS**

EXISTING:

1. Existing Decking Materials
 Cedar Pressure-treated wood Wood/Plastic Composite
 Other _____

2. Existing Railing Materials
 Cedar Pressure-treated wood Wood/Plastic Composite
 Other _____

PROPOSED:

3. Proposed Decking Materials
 Cedar Pressure-treated wood Wood/Plastic Composite
 Other _____

4. Proposed Railing Materials N/A
5. Existing Railing Materials
 Cedar Pressure-treated wood Wood/Plastic Composite
 Other _____

----- TO BE COMPLETED BY RESIDENTIAL DESIGN CONSULTANT -----

Date of Review _____ Approved By _____

To be reviewed by the BZA on: _____

Conditions / Stipulations: _____
