NOTICE OF PUBLIC MEETING
CITY OF BEXLEY
PLANNING COMMISSION

The Bexley Planning Commission will hold a Public Meeting on the following application on **Monday, January 27th, 2014** at **6:00 p.m.**, in the City Council Chambers, Bexley Municipal Building, 2242 East Main Street.

SPECIAL NOTE TO THE APPLICANT: Number 6 of the Rules and Regulations of the Planning Commission reads: The applicant or an authorized representative shall attend the meeting. The Commission may dismiss, without hearing, an application if the applicant or authorized representative is not in attendance.

APPLICATION No:	13-0019
APPLICANT:	Mark Ours, On Architects – Bexley Animal Hospital
OWNER:	GDK Holdings, LLC
LOCATION:	500 N. Cassady Avenue
REQUEST:	**The applicant is seeking sign review and approval for a new wall sign to indicate the new tenant at this location "Bexley Animal Hospital". Please Note: This sign would replace the sign previously approved by the Planning Commission on November 25, 2013.**

A copy of the application is available for review in the Building Department office during the hours of 8:00 a.m. to 4:00 p.m. Monday thru Friday. If you have any questions, please call the Bexley Building Department at 559-4240.

If you need any accommodation or assistance in order to attend the meeting, please contact the City of Bexley at 559-4240 at least 48 hours before the scheduled meeting.

Mailed by 01.17.2014

CITY OF BEXLEY

Review Application for:

__X__PLANNING COMMISSION
____CITY COUNCIL
____TREE & PUBLIC GARDEN COMMISSION
2014

13-0019 PC

APPLICATION TO APPEAR BEFORE:

_____CITY COUNCIL **__✓__PLANNING COMMISSION** **Date:** 1-27-2014

_____ TREE & PUBLIC GARDEN COMMISSION (Recommendation)

1. **This application is submitted for: (please check)**
   A. ( ) Rezoning ( ) Lot Split ( ) Plat Approval ( ) Special Permit
   ( ) Variance ( ) Conditional Use ( ) Other _____

   B. ( ) Exterior Design Review to include: ( ) Building Plans ( ) Site Development
   (X) Signage ( ) Fence ( ) Other _____

2. **APPLICATION SUBMITTED FOR PROPERTY LOCATED:** 500 N. CASSADY AVE
   NAME OF BUSINESS: BEXLEY ANIMAL HOSPITAL.

3. **NAME OF APPLICANT:** STEPHANIE MCCLURE
   Address 250 N. REMINGTON 43204
   Telephone Number 614 205 9151 E-mail: stephmcclure@yahoo.com.

4. **NAME OF OWNER:** BEXLEY ANIMAL HOSPITAL
   Address _____
   Telephone Number 614 205 9151 E-mail: stephmcclure@yahoo.com.

5. **Narrative description of project / request. (Attach additional sheets, if necessary).**
   exterior, dimensional wall mounted signage

6. **If this application involves a Variance, please explain why the Variance is necessary. (Attach additional sheets, if necessary).**

7. **What is the valuation on the project?** 3k

10. **SIGN INFORMATION**

A. TYPE: ____Monument ___Window ____Free Standing "A" frame

____Projecting ____Awning X Wall ___Banner

B. SIZE 32.3 Sq. Ft. 7' 9" Ft. Horizontal 4' 8½" Ft. Vertical

C. Sign Wording: BEXLEY ANIMAL HOSPITAL.

D. What is the linear width of your tenant space? 70'

In order to properly complete the application, the Commission requires that **(12 copies)** of all supporting material be submitted at the time the application is filed. **Failure to comply with this provision will result in having your application withheld from the agenda and returned to the applicant. This is a rule of the Commission and no exceptions will be made**.

Be advised, if the Commission decides it needs the services of an independent expert (e.g., 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 thereof shall be paid by the Applicant in addition to the above filing fees.

APPLICANT: Stephanie Q McClure **DATE:** 1/6/2014

(Signature)

Fee Due: $_____

Planning Commission Review Date:_____

Staff Review Date:_____

Approved by:_____ Date:_____

City Council Ordinance reading schedule for:_____ **as follows:**

(Address)

Ordinance No._____

1st Reading Date:_____ **Time:**_____ **( ) Subcommittee:**_____

2nd Reading Date:_____ **Time:**_____ **( ) Sub-committee:**_____

3rd Reading Date:_____ **Time:**_____ **( ) Sub-Committee:**_____

Results: ( ) Approved ( ) Tabled ( ) Denied Date:_____

Revised 12/31/13

FEES: Payment of applicable fees:

_____Requests for amendment to previously approved PUR or PUC plans	**$300.00**
_____Split of lot or existing parcel.	**$250.00**
_____Replatting or new plat.	**$250.00**
_____Rezoning: 1 acre (or part thereof) **$250.00** each additional acre (or part thereof) additional **$60.00**	**total = $_____**
_____Sign Review and Environmental Review are based on the value of project:	

Valuation of Project	Fee
_____ $0 - $5,000	**$100.00**
_____ $5,001 - $25,000	**$200.00**
_____ $25,001 - $75,000	**$250.00**
_____ $75,001- $200,000	**$350.00**
_____ $200,001 - $750,000	**$600.00**
_____ Over $750,001	**$1,000.00**
_____Variance,	
_____Fences and walls:	**$65.00**
_____ Special Permit, Conditional Uses and All others:	**$90.00**

(Re-submittal fee **$50)**

Fee: Due: $ 50

Artistic improvements such as sculpture, murals and mobiles shall be exempt from an application fee. However, prior to installation of artistic improvements, an application shall be filed for review and approval by the Commission.

Appeals Procedures

Bexley Code Section 1222.04(c) provides for appeal of the decisions of the Planning Commission to Bexley City Council. Appeals must be in writing and filed with the Clerk of Council within (14) fourteen days after the decision of the Commission is rendered. The decision of City Council is final.

***NOTE:** The appeals procedure is applicable to Environmental Review only, and not to statutory decisions such as platting, lot splits or zoning resolutions.

Property Owner

Clarence E. Mingo, II
Franklin County Auditor

Interactive Map | Generated on: 01/13/14 01:55:55 PM

Parcel ID	Map Routing No.	Location
020-000485	**N019 09600**	**500 N CASSADY AV**

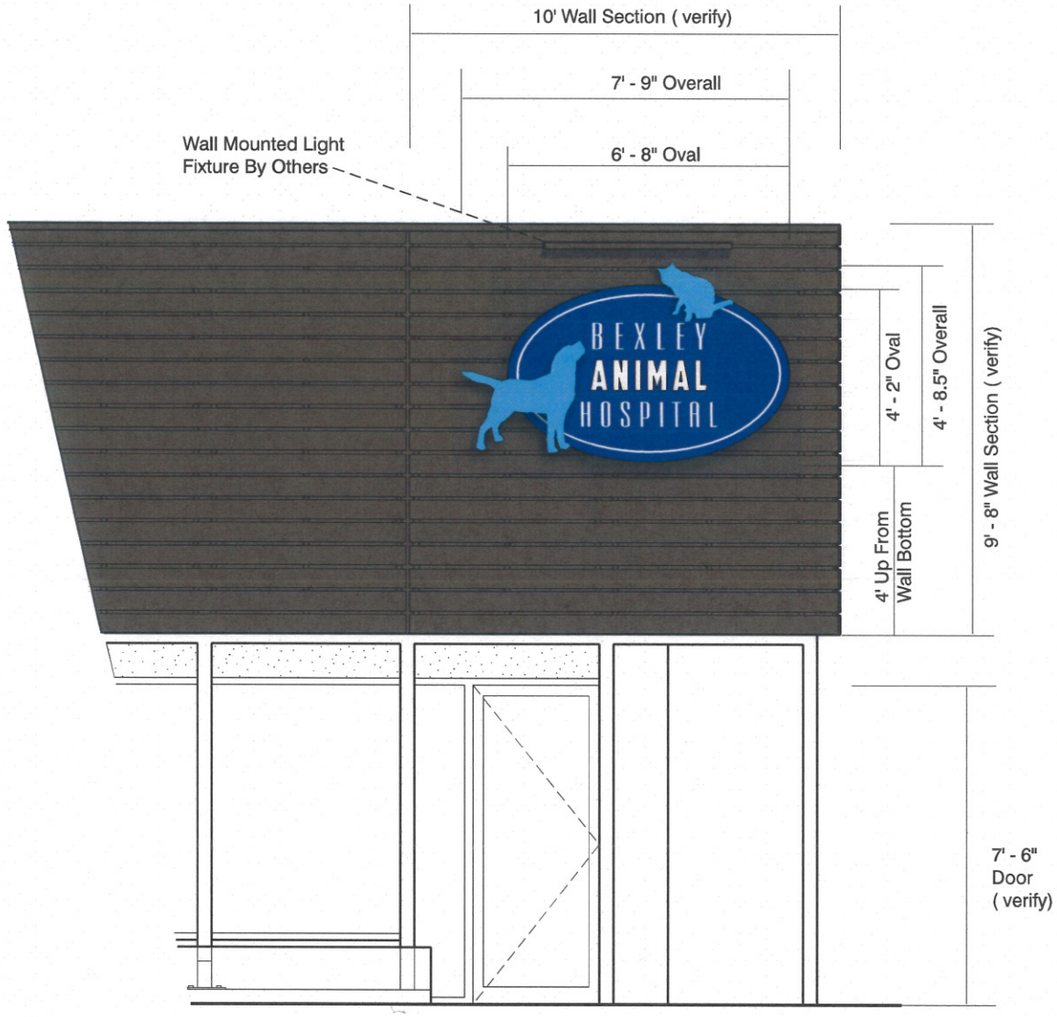
Parcel Information

Owner Name: GDK HOLDINGS LLC | **Appraised Total:** $155000 | **Last Transferred:** 10/16/2013

Calc Acreage: 0.171 | **Sale Price:** $175000.00 | **Annual Taxes:** $5433.78

Disclaimer

This drawing is prepared for the real property inventory within this county.
It is compiled from recorded deeds, survey plats, and other public records and data.
Users of this drawing are notified that the public primary information source should be consulted for verification of the information contained on this drawing.
The county and the mapping companies assume no legal responsibilities for the information contained on this drawing.
Please notify the Franklin County GIS Division of any discrepancies.



SCALE 1/4" = 1' (VERIFY All Measurements & Information Shown))

1 TOTAL - EXTERNALLY ILLUMINATED DIMENSIONAL WALL GRAPHICS

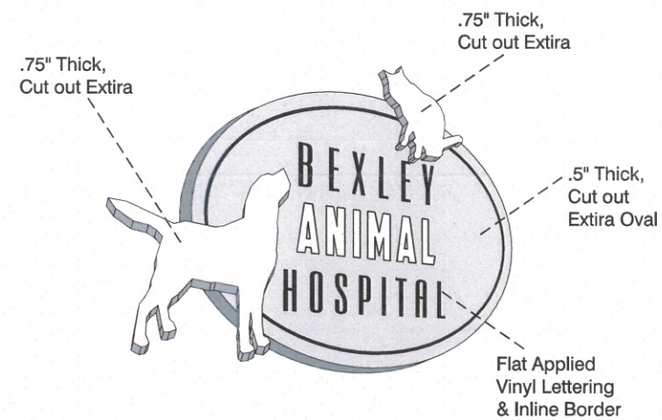
- ALL ARTWORK SHOWN FOR PLACEMENT ONLY.
- CLIENT TO SUPPLY PRODUCTION READY ARTWORK & FONTS.
- CLIENT TO VERIFY SIZES SHOWN.
- CLIENT TO VERIFY WALL MATERIALS FOR MOUNTING.

OVAL BACKGROUND - .5" THICK EXTIRA, CUT TO SHAPE. ALL EDGES ARE SMOOTHED & FINISHED.
VINYL LETTERING & INLINE BORDER APPLIED FLAT TO BACKGROUND.

DOG & CAT - .75" THICK EXTIRA, CUT TO SHAPE. ALL EDGES ARE SMOOTHED & FINISHED. SHAPES ARE MOUNTED FLUSH TO OVAL BACKGROUND WITH CONCEALED STUDS SET IN SILICONE ADHESIVE FILLED BORES.

ENTIRE GRAPHIC MOUNTED FLUSH TO SLATTED WALL MATERIAL WITH CONCEALED FASTENERS. SURVEY TO EVALUATE MATERIAL FOR BEST MOUNTING METHOD AVAILABLE.

COLORS----------
OVAL BACKGROUND - PMS #295C DARK BLUE; FACE & RETURNS
BEXLEY & HOSPITAL - WHITE.
ANIMAL - WHITE LETTERS WITH BLACK OUTLINE.
DOG & CAT - PMS #284C LIGHT BLUE; FACES & RETURNS.



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Design• Fabrication• Erection• Service

CLIENT APPROVAL DATE

☑ PRODUCTION ART REQUIRED
Colors on Printed Documents May Vary

PROJECT NAME BEXLEY ANIMAL HOSPITAL
LOCATION
CITY BEXLEY **STATE**

REVISION 1-3-14

SALES BMS
DESIGN KD
SIZE 14

DATE 12-23-13
SCALE Noted
PROJECT# 13518