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, September 10, 2015, 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.: 15- 09
   Applicant: Preston Gurwin
   Owner: Preston Gurwin
   Location: 2658 Bexley Park Road
   Request: The applicant is seeking architectural review and approval to allow modifications to the existing roof materials. The applicant is requesting to remove the existing tile and asphalt shingles, and replace with 3-dimensional shingles.

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.

Mailed by 08-27-15

City of Bexley

Review #(MA-)_____

Residential Architectural Review Application

☑ Roof Replacement

☐ Window Replacement

☐ Wall Finish Replacement

☐ Other (Minor repair/replacement)_____

***THIS IS NOT A BUILDING PERMIT**

This is for the review process

David Bowen
832-1612

The purpose of the Architectural Review District is to maintain the quality and existing character of residential neighborhoods in the City of Bexley. The Board of Zoning Appeals (the "Board" or the "BZA") is charged with the responsibility as assuring that new homes and exterior changes to existing homes are compatible with and do not adversely affect the surrounding neighborhood.

1. LOCATION OF JOB: 2658 Bexley Park
2. Owner: Preston Gurwin Phone No. 614-239-0650
3. Applicant: Preston Gurwin ☐ Architect / ☐ Contractor / ☑ Other
4. Applicant Address: 2658 Bexley Park Phone_____

Description of proposed changes: Remove old tile roof on front half of home and replace with new dimensional roof

Description of any extenuating circumstances to be considered: (attach separate sheet if necessary)
Old tile is crumbling and difficult to find. We have patched as much as possible and now needs replaced.

***REQUIRED: prior to work begins - Color Photographs; showing the existing structure (roof, doors, windows, trim, etc.)**

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:

A. EXTERIOR TRIM

1. Existing Door Trim:
   ____Cedar ____Redwood _____Pine ____Vinyl
   ____Wood composite ____Aluminum Clad ____Molding
   _____ Standard lumber Profile ____Other:_____

2. Proposed NEW Door Trim:_____

3. Existing Window Trim:
   ____Cedar ____Redwood _____Pine ____Vinyl
   ____Wood composite ____Aluminum Clad ____Molding
   _____ Standard lumber Profile ____Other:_____

4. Proposed NEW Window Trim:_____

5. Trim: Color(s):_____

**** Do the proposed changes affect the overhangs?_____**

B. ROOFING ☒ House Only / ☐ Garage Only / ☐ House & Garage

1. Existing Roof Type:
   ___ Slate X Clay Tile ___Wood Shake ___ Standard 3-Tab Asphalt Shingle
   ___ Architectural Dimensional Shingles ___ EPDM (rubber) Roofing ___Metal
   ___ OTHER _____

2. Shingle Manufacturer: BGLT

3. New Roofing Type, Style & Color: DIMENSIONAL - LIFETIME WARRANTY

C. 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:_____
4. New Window Style, Material & Color:_____

*Policy of the Board of Zoning Appeals regarding window replacements:
The Board of Zoning Appeals Policy requires that all window replacements involving leaded glass window or steel casement windows must be submitted to the Board for review and approval. Changes of style, size or configurations is subject to staff review and may require Board approval if the change is considered substantial.

D. EXTERIOR WALL FINISH (SIDING, ETC.)

1. Existing Wall Finish:
   ____Wood Shingle ____Siding (vinyl, aluminum, wood, other)_____
   ____Brick ____Stucco

2. Proposed NEW Finish Manufacturer:_____

3. Proposed NEW Finish – style, color:_____

E. (DECKS, GARAGES, PERGOLAS) LOT INFORMATION

Address _____ Zoning District_____

Lot width_____ft. Depth _____ft. Total area_____sq. ft.

Existing Residence(foot print)_____sq.ft. Existing Garage_____sq. ft.

PROPOSED ADDITION (foot print)_____sq.ft. Proposed Garage _____sq.ft.

Existing Building 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 existing structures to front, side and rear property lines. Also indicate the additions and provide the new setback from front, side and rear property lines.

- **FEES:**

Estimated cost to do the job $19,000

Architectural review fees are based on valuation of the project as follows:
$50.00 for 1st $10,000 valuation, and $**5.00** for each additional $10,000 valuation.

Preston Gunnum / 8-24-15
Signature Date

Total Fee based on valuation: $_____

1. **Upon review and approval of this application a Certificate of Appropriateness will be issued.**
2. **REQUIRED: separate permit application is required for a building permit.**

020-003164-00 03/27/2010

legal1
2668 BEXLEY PK RD
2658 BEXLEY PK RD
2629 BEXLEY PK RD
2645 BEXLEY PK RD
2655 BRENTWOOD RD
2689 BRENTWOOD RD
BRENTWOOD ROAD
2671 BEXLEY PK RD
2665 BRENTWOOD RD
2635 BEXLEY PK RD
2653 BEXLEY PARK RD
2624 BEXLEY PK RD
2661 BEXLEY PK RD
2646 BEXLEY PK RD
2686 BEXLEY PK RD
2685 BRENTWOOD RD
2643 BRENTWOOD RD
2678 BEXLEY PK RD

2658 Bexley Park

TO BE COMPLETED BY BUILDING DEPARTMENT

Date of Review_____ **Approved By**_____

Conditions / Stipulations:_____

_____

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