



CITY OF POWELL
PLANNING AND ZONING COMMISSION (P&Z)
CERTIFICATE OF APPROPRIATENESS APPLICATION

ALL ITEMS ON THIS APPLICATION MUST BE COMPLETED.

Application Fee: \$240.00

Applicant: ~~Brian~~ **Brian** Reynolds

Address/City/State/Zip: 165 N 5th Street / Columbus / OH / 43215

Email Address: breynolds@archall.com

Phone No: 614-469-7500 Cell Phone No: _____ Fax No: 614-469-0500

Property Owner: Germain Real Estate Company, LLC

Address/City/State/Zip: 7250 Sawmill Rd. / Columbus / OH / 43235

Email Address: rgermain@germain.com

Phone No: 614-452-9775 Cell Phone No: _____ Fax No: _____

Architect/Designer for Applicant: John Oney, Architectural Alliance

Address/City/State/Zip: 165 N 5th Street / Columbus / OH / 43215

Email Address: breynolds@archall.com

Phone No: 614-469-7500 Cell Phone No: _____ Fax No: 614-469-0500

Property Address: 378 W Olentangy Street / Powell / OH / 43065

Lot Number/Subdivision: 31942602021001 Existing Use: automotive sales and repair Proposed Use: automotive sales and repair

Proposed type of Environmental Change: existing building to remain will receive new exterior siding, windows and entry canopy. New storefront windows and doors and new overhead doors will also be provided as part of the interior alterations to occur.

Checklist:

- Attach **10 copies** of plot plan as well as any other drawings or written material that will help the Administration and Commission understand the nature of the proposal.
- Attach a list of contiguous property owners as well as directly across the street from and within 250 feet of property
- Provide a PDF copy of all plans, drawings, text, any other items, and application on a CD.
- Attach the required fee - \$240.00

I agree to grant the City Staff, the Commission, Board or Council considering this application access to the property that is the subject of this application for the purposes of reviewing this application and posting public notice for this application.

Signature of Applicant Brian Reynolds

06 / 17 / 2015

Date: _____

Office Use
Received

Office Use
AMT _____
TYPE/DATE _____
RECEIPT # _____
PAYOR _____
Payment