

The Bexley Architectural Review Board (ARB) will hold a Public Meeting on the following case on <u>Thursday</u>, <u>January 10</u>, <u>2019 at 6:00 PM</u>, in City Council Chambers, Bexley City Hall, 2242 East Main Street, Bexley, Ohio.

The APPLICANT or REPRESENTATIVE must 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.: 18-055 A
Applicant: Robert Artrup

Owner: Katie-Brown Anthony & Edward Brown

Location: 921 Francis Ave.

ARB Request: The applicant is seeking architectural review and approval,

to allow a one-story room addition on the west side (rear) of the principal

structure.

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: 12-27-2018



## Application Cover Sheet: Basic Project Information & Certification Purpose of Application (check all that apply):

Architectural Review	Conditional Use Demolition Planned Unit I	Dev. Rezoni	ing 📝 Land	Iscape Review	Special Permit	
Property & Project Informat	tion:					
Property Address:	921 FRANCIS AVE.					
Brief Project Description:	NEW MOSTER BEDROOM . EXISTING KITCHEN	‡ Expa	NSION	OF		
Applicant Information:	The state of the s	) 7 H				
Applicant Name:	POBERT (BJ) APTRUP					
Applicant Address:	3141 POLLEY PD, CONCASION	COLUN	ibus	off.	43221	
Applicant Email & Phone:	bjartrup@hotmail.com		6¥	t. 546.	Hero	
Property Owner Informatio	n:					
Owner Name:	KATIE BROWN ANTHONY	EDWOF	TO BRO	M		
Owner Address:	921 FRANCIS AVE.	BEXLE	<b>'</b>	OH.	43209	
Owner Email & Phone:	Kbarthony@gwail.com		Col-	Co14-946-9736		
Attorney/Agent Informatio	n:					
Agent Name:	ROBERT(BL) ARTRUP, ARCHITE					
Agent Address:	3141 POLLEY 80.	COLUM	11305	OH.	43221	
Agent Email & Phone:	bjartrup@hotuail.com		61	4.5Ac	. ono	
Completed Worksheets:	Project Worksheet (Sheet A) Architectural Revi	ew (Sheet B)	Tree Comm	ission (Sheet D)	•	
Signatures:						
The attached application packag upon the accuracy of the inform	ge is complete and accurate to the best of my knowledge. I unation provided and that any inaccurate or inadequate inform	nderstand that the ation provided by	e City staff review me/my firm/et	w of this applica c. may delay rev	ation is dependent riew.	
Applicant Signature:	Polit Castaj	Date:	12/12/1	8		
Owner Signature:	Katie B. Spothony	Date:	12.n.18	>		
Agent Signature:	Role aly	Date:	12/12/	18		
Internal Use:			100			
Application #:	Board Referalls:	ARB BZ	AP City C	ouncil	Tree Commission	
Staff Signature:	Date:			.92		

### **Application Cover Sheet: Review Fee Worksheet**

	Estimated Valuation of Project:	\$
Minor Architectural Review (Ex. Roof, wi	ndow, siding)	
Based upon the valuation of the project:	- \$50.00 for 1st \$10,000 valuation	\$
based upon the valuation of the project.	- \$5.00 for each additional \$10,000 valuation.	\$
	\$3.00 for each additional \$1.0/000 tolootion.	
	struction, Additions, Garages, Decks, Pergola)	-
Based upon the valuation of the project:	- \$90.00 for the 1st \$10,000 valuation	90,00
	- \$5.00 for each additional \$10,000 valuation	40.00
	- \$600.00 cap	\$
	- \$50.00 resubmittal fee	\$
Variance Review		
Single Family:	\$100.00	\$
Commercial Property:	\$100.00	\$
Fences or Special Permits:	\$65.00	\$
All others:	\$90.00	\$
All others:	330.00	
Zoning Fees		
Rezoning:	- \$250.00 up to 1 acre site	\$
	- \$60.00 for each additional acre (or part thereof)	\$
Requests for amendment to PUD Plans:	\$300.00	\$
Split of lot or existing parcel:	\$250.00	\$
Replatting or new plat:	\$250.00 <sup>fa</sup>	\$
Sign Review and Architectural Review fo	r Commercial Properties	
Project Value	Fee	
\$0 to \$5,000	\$100.00	\$ 1
\$5,001 to \$25,000	\$200.00	\$
\$25,001 to \$75,000	\$250.00	\$
\$75,001 to \$200,000	\$600.00	\$
\$200,001 to \$750,000	\$1,000.00	\$
	\$350.00	\$
Over \$750,000	\$550.00	
Fences and walls:	\$65.00	\$
Special Permit, Conditional Uses and All others:	\$90.00	\$
Re-submittal Fee:	\$50.00	\$
Appeals		
	\$50.00	\$
Appeal of ARB decision to BZAP: Appeal of BZAP decision to City Council:	\$250.00	\$
	Fee Tota	1: \$ 130.00

## CITY OF BEXLEY UNIFIED PLANNING APPLICATION

### **Project Worksheet**

	Residential  921 FRANCIS AVE.	Commerc	ial			
Property Address:	921 FRANCIS AVE.					
Zoning District:						
	R-1 (25% Building & 40% Overall)	R-6 (35% Building & 60% Overall)  R-12 (35% Building & 70% Overall)				
	R-2 (25% Building & 50% Overall)					
	R-3 (25% Building & 50% Overall)	O	ther:			
	* O zerali coverage includes narascape					
ot info:	Width (ft.): 61.15 Depth (ft.): 150,0	Total Area (SF):	9,174			
rimary Structure Info:	Existing Footprint (SF):	1,152				
	Proposed Addition (SF):	391				
	Removing (SF):		(Type of Structure:)			
	Proposed new primary structure or residence (SF):					
	Total Square Footage:	1,543				
Garage and/or Accessory	Existing Footprint (SF):	455	New Structure Type:			
Incl. Decks, Pergolas, etc):	Proposed Addition (SF):		Ridge Height:			
	Proposed New Structure (SF):		Is there a 2nd floor?	Yes N		
	Total of all garage and accessory structures (SF):	455	2nd Floor SF:			
	Total building lot coverage (SF):	1,998	= 21.79 % of lot			
	Is this replacing an existing garage and/or accessor	ry structure?	Yes No			
	Existing Driveway (SF): Existing Patio (SF): Existing Private Sidewalk (SF): 14-5					
	Proposed Additional Hardscape (SF):					
	Total Hardscape (SF):					
Totals:	Total overall lot coverage (SF): 3,548 =	38.67 %0	flot			
Applicant Initial:	PM	***************************************				
Internal Use: Staff Review	v Date: Meets Zoo	ning ARB C	Only Variance or Modi	fications Needed		
Staff Comm	nents:			Staff Initial:		

#### **Architectural Review Worksheet**

Design changes involving window, siding, roof replacement projects, detached garages, accessory structure, and deck construction may be reviewed and approved by the Design Consultant and/or Zoning officer, if it meets all zoning code requirements and maintenance improvements conforming to the "SPECIF-IC STANDARDS" in the Residential Review District Residential Design Guidelines. It may be directed to the Architectural Review Board or Board of Zoning and Planning for review and/or approval, if required by staff. Design approval is required in order to obtain a Building Permit. Work performed prior to an approval is subject to triple fees.

Roofing Klouse or Pri	ncipal Structure Garage Only	House & Ga	rage	
Existing Roof Type:	Slate	Clay Tile	Wood Shake	Std. 3-tab Asphalt Shingle
	Arch. Dimensional Shingles	EPDM Rubber	TPO Rubber	Metal
New Roof Type:	Slate	ClayTile	Wood Shake	Std. 3-tab Asphalt Shingle
	Arch. Dimensional Shingles	EPDM Rubber	TPO Rubber	Metal
New Shingle Manufacturer:	GAF			
New Roof Style & Color:	'SLATELINE'. WE	athered 54	TE	
Windows House or Pri	ncipal Structure Garage Only	/ House & Ga	rage	
Existing Window Type:	Casement	Fixed	Exterior Storm	Other:
	Double Hung	Awning	Horizontal Sliding	
Existing Window Materials:	Aluminum Clad Wood	Wood	od Metal	
	Vinyl Clad Wood	Aluminum	Other:	
New Window Manufacturer:	PEUA			
New Window Style/Mat./Colo	: CAEMENT, VINYL	CLAP, WH	TE	
Doors House or Pri	incipal Structure Garage Only	y House & Ga	arage	<u> </u>
Existing Entrance Door Type:	<b>✓</b> Wood Insulated Metal	Fiberglass	Sidelights 1	ransom Windows
Existing Garage Door Type:	Wood Insulated Metal	Fiberglass		
Door Finish:	Stained Painted			
Proposed Door Type:	Manifel Wood Style:	GLASS. FREA	KH Color: ELEA	2 STOIN CEPOR
Exterior Trim				•
Existing Door Trim:	Cedar Red	wood Pin	e Std. Lumber	Profile
		ninum Clad Mol	ding Vinyl	Other:
Proposed New Door Trim:	CEDAR · PAINTED	1.00		
	₩ Wood Red	wood Pin	e Std. Lumber	Profile
Existing Window Trim:	Nood Ned			
Existing Window Trim:	Vinyl Other	·		

# C.2 CITY OF BEXLEY UNIFIED PLANNING APPLICATION

#### **Architectural Review Worksheet (Continued)**

Existing	Proposed	Туре:	Manfacturer, Style, Color:
X		Natural Stone	
		Cultured Stone	
		Brick	
		Mortar	
		Stucco	
		Wood Shingle	
		Wood Siding	
		Vinyl Siding	
×		Aluminum Siding	
	abla	Other	HARDIE LAP (8"), PAINT-TAPK CREY

Confirmation (to be compl	eted by Residentia	al Design Consult	ant:	
Date of Review:				
Approved By:				<b>9</b> .0
To be reviewed by ARB on:				
Conditions/Stipulations:				
Staff Initials:				

















