



PUBLIC NOTICE  
CITY OF BEXLEY  
ARCHITECTURAL REVIEW BOARD and/or  
BOARD OF ZONING AND PLANNING

The Bexley Architectural Review Board (ARB) will hold a Public Meeting on the following case on **Thursday, February 14, 2019 at 6:00 PM,** in City Council Chambers, Bexley City Hall, 2242 East Main Street.

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- 027 Z  
Applicant: Andrew J. Meyer Agent: James Reiter  
Owner: Nancy W. Meyer  
Location: 2824 Delmar Dr.  
**ARB Request:** The applicant is seeking architectural review and a recommendation to the Board of Zoning and Planning, to allow the existing open front porch to be enclosed as part of the exterior improvements to 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: 1-31-2019



PUBLIC NOTICE  
CITY OF BEXLEY  
ARCHITECTURAL REVIEW BOARD and/or  
BOARD OF ZONING AND PLANNING

The Bexley Architectural Review Board (ARB) will hold a Public Meeting on the following case on **Thursday, November 8, 2018 at 6:00 PM**, in City Council Chambers, Bexley City Hall, 2242 East Main Street.

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- 027 Z  
Applicant: Andrew J. Meyer Agent: James Reiter  
Owner: Nancy W. Meyer  
Location: 2824 Delmar Dr.  
**ARB Request:** The applicant is seeking architectural review and a recommendation to the Board of Zoning and Planning to allow the existing open front porch to be enclosed, as part of the exterior improvements to the one-story 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: 10-25-2018

# CITY OF BEXLEY UNIFIED PLANNING APPLICATION

## Application Cover Sheet: Basic Project Information & Certification

### Purpose of Application (check all that apply):

- Architectural Review    Conditional Use    Demolition    Planned Unit Dev.    Rezoning    Special Permit

### Property & Project Information:

Property Address:

Brief Project Description:

### Applicant Information:

Applicant Name:

Applicant Address:  ,  ,

Applicant Email & Phone:

### Property Owner Information:

Owner Name:

Owner Address:  ,  ,

Owner Email & Phone:

### Attorney/Agent Information:

Agent Name:

Agent Address:  ,  ,

Agent Email & Phone:

- Completed Worksheets:**    Project Worksheet (Sheet A)    Architectural Review (Sheet B)    Tree Commission (Sheet C)

### Signatures:

The attached application package is complete and accurate to the best of my knowledge. I understand that the City staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc. may delay review.

Applicant Signature:    Date:

Owner Signature:    Date:

Agent Signature:    Date:

### Internal Use:

Application #:    Board Referrals:    ARB    BZAP    City Council    Tree Commission

Staff Signature:    Date:

## Project Worksheet

Residential       Commercial

Property Address:

Zoning District:

R-1 (25% Building & 40% Overall)

R-6 (35% Building & 60% Overall)

R-2 (25% Building & 50% Overall)

R-12 (35% Building & 70% Overall)

R-3 (25% Building & 50% Overall)

Other: Maybe Commercial

\* Overall coverage includes hardscape

Lot Info:

Width (ft.): 80      Depth (ft.): 127      Total Area (SF): 10,236

Primary Structure Info:

Existing Footprint (SF): 856

Proposed Addition (SF): 0

Removing (SF): 0

Proposed new primary structure or residence (SF): 266

Total Square Footage: 1,122

(Type of Structure): Closed Porch

Garage and/or Accessory Structure Info (Incl. Decks, Pergolas, etc):

Existing Footprint (SF):

New Structure Type:

Proposed Addition (SF):

Ridge Height:

Proposed New Structure (SF):

Is there a 2nd floor?  Yes  No

Total of all garage and accessory structures (SF):

2nd Floor SF:

Total building lot coverage (SF):

=  % of lot

Is this replacing an existing garage and/or accessory structure?  Yes  No

Hardscape:

Existing Driveway (SF):       Existing Patio (SF):       Existing Private Sidewalk (SF):

Proposed Additional Hardscape (SF):

Total Hardscape (SF):

Totals:

Total overall lot coverage (SF):  =  % of lot

Applicant Initial:

Internal Use:

Staff Review Date:

Meets Zoning

ARB Only

Variance or Modifications Needed

Staff Comments:

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 "SPECIFIC 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.

Please provide photos of the existing structure with this form

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     House or Principal Structure     Garage Only     House & Garage

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     Clay Tile     Wood Shake     Std. 3-tab Asphalt Shingle  
 Arch. Dimensional Shingles     EPDM Rubber     TPO Rubber     Metal

New Shingle Manufacturer:

New Roof Style & Color:

Windows     House or Principal Structure     Garage Only     House & Garage

Existing Window Type:     Casement     Fixed     Exterior Storm     Other:   
 Double Hung     Awning     Horizontal Sliding

Existing Window Materials:     Aluminum Clad Wood     Wood     Metal  
 Vinyl Clad Wood     Aluminum     Other:

New Window Manufacturer:

New Window Style/Mat./Color:

Doors     House or Principal Structure     Garage Only     House & Garage

Existing Entrance Door Type:     Wood     Insulated Metal     Fiberglass     Sidelights     Transom Windows

Existing Garage Door Type:     Wood     Insulated Metal     Fiberglass

Door Finish:     Stained     Painted

Proposed Door Type:  Style:  Color:

Exterior Trim

Existing Door Trim:     Cedar     Redwood     Pine     Std. Lumber Profile  
 Wood Composite     Aluminum Clad     Molding     Vinyl     Other:

Proposed New Door Trim:

Existing Window Trim:     Wood     Redwood     Pine     Std. Lumber Profile  
 Vinyl     Other:

Proposed New Window Trim:  Trim Color(s):

Do the Proposed Changes Affect the Overhangs?     Yes     No

## Architectural Review Worksheet (Continued)

Exterior Wall Finishes

Existing	Proposed	Type:	Manufacturer, Style, Color:
<input type="checkbox"/>	<input type="checkbox"/>	Natural Stone	
<input type="checkbox"/>	<input type="checkbox"/>	Cultured Stone	
<input type="checkbox"/>	<input type="checkbox"/>	Brick	
<input type="checkbox"/>	<input type="checkbox"/>	Mortar	
<input type="checkbox"/>	<input type="checkbox"/>	Stucco	
<input type="checkbox"/>	<input type="checkbox"/>	Wood Shingle	
<input type="checkbox"/>	<input type="checkbox"/>	Wood Siding	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vinyl Siding	Timbercrest Clay
<input type="checkbox"/>	<input type="checkbox"/>	Aluminum Siding	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	Asbestos Siding Green

**Staff Confirmation (to be completed by Residential Design Consultant:**

Date of Review:

Approved By:

To be reviewed by ARB on:

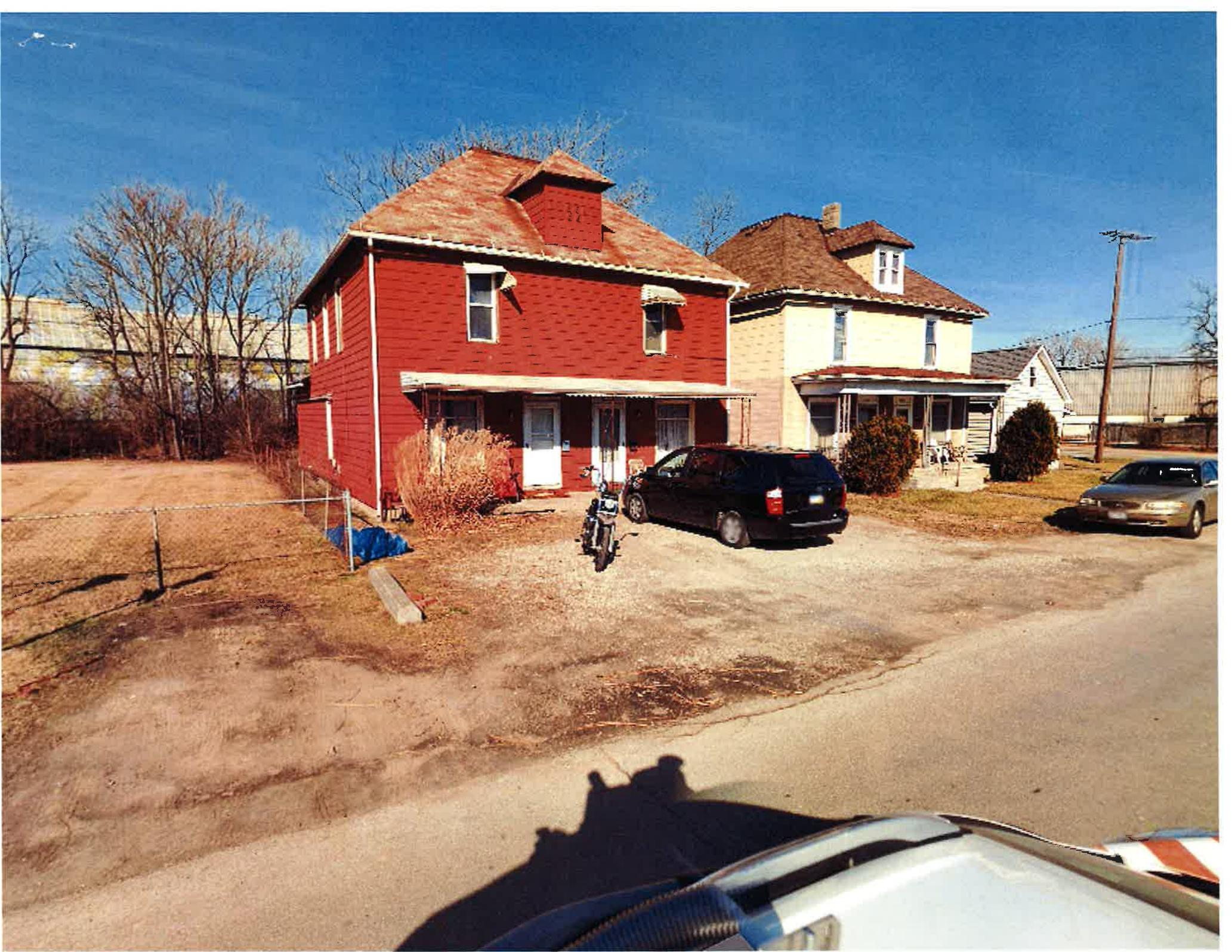
Conditions/Stipulations:

Staff Initials:







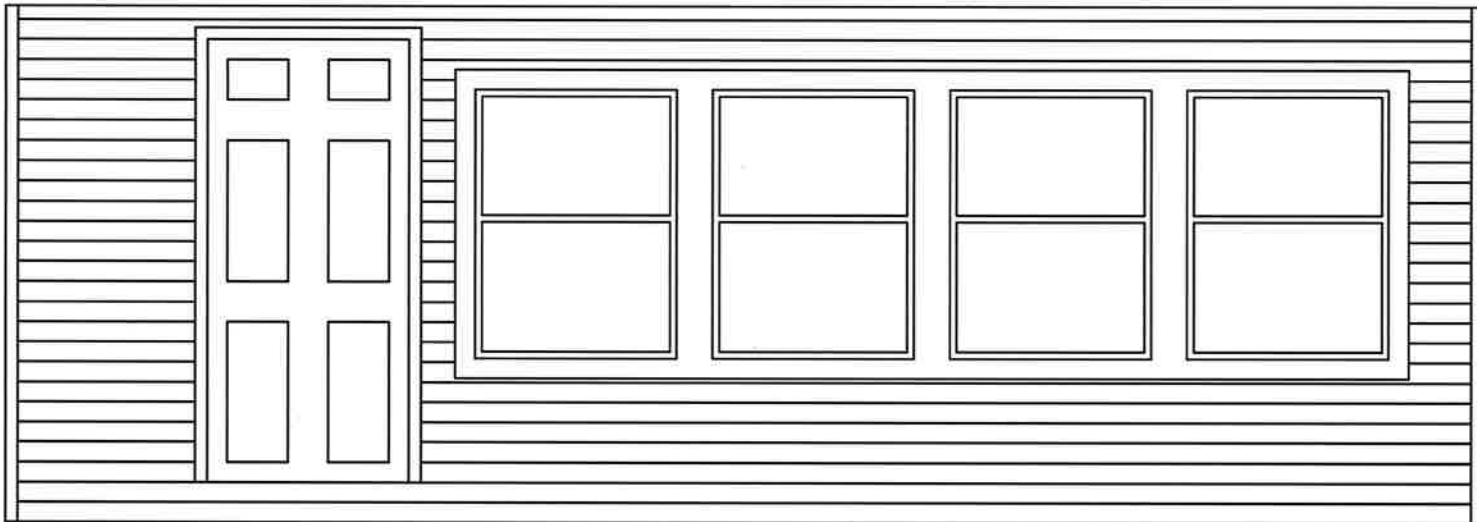




style of what is proposed



CURRENT



South Elevation of Proposed Work Area, West Elevation is Similar  
not to scale

2824 Delmar Drive  
Bexley, OH. 43209