

Application Cover Sheet: Basic Project Information & Certification

Purpose of Application (check all that apply):

| Architectural Review | Conditional Use Demolition | Planned Unit Dev. | Rezoning | Special Perm |
|----------------------------|---|--|--------------------------|-----------------|
| Property & Project Informa | ation: | | | |
| Property Address: | 205 North Stanwood Road | | | |
| Brief Project Description: | Two story addition to the rear of the | house | | |
| Applicant Information: | | | | |
| Applicant Name: | Amy Lauerhass | | | |
| Applicant Address: | 753 Francis Ave. | Bexley | ОН | 43209 |
| Applicant Email & Phone: | amy@lauerhassarchitecture.com | * | 614-371-3523 | |
| Property Owner Information | on: | | | |
| Owner Name: | Laura Dehlendorf | | | |
| Owner Address: | 299 North Parkview Ave. | Bexley | ОН | 43209 |
| Owner Email & Phone: | Laura@dehlendorf.com | | 614-554-4663 | 3 11 12 |
| Attorney/Agent Informatio | on: | | | |
| Agent Name: | n/a | | | |
| Agent Address: | | | | |
| Agent Email & Phone: | | | | |
| Completed Worksheets: | Project Worksheet (Sheet A) Archi | tectural Review (Sheet B) | Tree Commission (Sheet (| C) |
| Signatures: | | | | |
| | ge is complete and accurate to the best of my kno ation provided and that any inaccurate or inadec | | | |
| Applicant Signature: | Amy Lauerhass Digitally signed Date: 2019.06.1 | by Amy Lauerhass 1 13:35:26 -04'00' Date: (| 06.11.2019 | |
| Owner Signature: | | Date: | | |
| Agent Signature: | | Date: | | |
| Internal Use: | | | | |
| Application #: | Board Referall | s: ARB BZAP | City Council | Tree Commission |
| Staff Signature: | Date: | | | |
| | | | | |



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| Owner Name: | Laura Dehlendorf | | | | |
| Owner Address: | 299 North Parkview Ave. | Bexley |], | ОН | 43209 |
| Owner Email & Phone: | Laura@dehlendorf.com | | 614-554 | -4663 | |
| Attorney/Agent Information | n: | | | | |
| Agent Name: | n/a | | | | |
| Agent Address: | | | | | |
| Agent Email & Phone: | | | | | |
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| Owner Signature: | Hann S. John | Date: | 0/12/ | 19 | |
| Agent Signature: | | Date: | | | |
| Internal Use: | | | | | |
| Application #: | Board Referalls: | ARB BZAP | City Coun | ncil 🔲 1 | Free Commission |
| Staff Signature: | Date: | | | | |
| | | | | | |

Application Cover Sheet: Review Fee Worksheet

| | Estimated Valuation of Project: | \$ [230,000] | | | | | |
|---|--|--|--|--|--|--|--|
| Minor Architectural Review (Ex. Roof, wi Based upon the valuation of the project: | ndow, siding) - \$50.00 for 1st \$10,000 valuation - \$5.00 for each additional \$10,000 valuation. | \$ | | | | | |
| Major Architectural Review (Ex. New Cor Based upon the valuation of the project: | - \$90.00 for the 1st \$10,000 valuation - \$5.00 for each additional \$10,000 valuation - \$600.00 cap - \$50.00 resubmittal fee | \$ 90.00 \$ 110.00 \$ \$ | | | | | |
| Variance Review Single Family: Commercial Property: Fences or Special Permits: All others: | \$100.00 \$100.00 \$65.00 \$90.00 | \$ \$ \$ \$ | | | | | |
| 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 | \$ | | | | | |
| Sign Review and Architectural Review for Commercial Properties | | | | | | | |
| Project Value \$0 to \$5,000 \$5,001 to \$25,000 \$25,001 to \$75,000 \$75,001 to \$200,000 \$200,001 to \$750,000 Over \$750,000 | Fee \$100.00 \$200.00 \$250.00 \$600.00 \$1,000.00 \$350.00 | \$ \$ \$ \$ \$ \$ \$ | | | | | |
| Fences and walls: | \$65.00 | \$ | | | | | |
| Special Permit, Conditional Uses and All others: | \$90.00 | \$ | | | | | |
| Re-submittal Fee: | \$50.00 | \$ | | | | | |
| Appeals Appeal of ARB decision to BZAP: Appeal of BZAP decision to City Council: | \$50.00 \$250.00 | \$ | | | | | |
| | Fee Tota | • \$ 200.00 | | | | | |

CITY OF BEXLEY UNIFIED PLANNING APPLICATION

Project Worksheet

| | Residential | Commercial | |
|---|--|--|----------------|
| Property Address: | 205 North Stanwood Road | | |
| Zoning District: | R-6 | | |
| | 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: | |
| | *Overall coverage includes hardscape | - | |
| Lot Info: | Width (ft.): 50 Depth (ft.): 134 | Total Area (SF): 6697 | |
| Primary Structure Info: | Existing Footprint (SF): | 863 | , |
| | Proposed Addition (SF): | 369 | |
| | Removing (SF): | (Type of Structure:) | |
| | Proposed new primary structure or residence (SF | F): | |
| | Total Square Footage: | 1232 | |
| Garage and/or Accessory Structure Info | Existing Footprint (SF): | 493 New Structure Type: | |
| (Incl. Decks, Pergolas, etc): | 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): | 1725 = 25.7 % of lot | |
| | Is this replacing an existing garage and/or access | sory structure? Yes No | |
| Hardscape: | Existing Driveway (SF): 1270 Existing I | Patio (SF): Existing Private Sidewalk (S | F): 74 |
| | Proposed Additional Hardscape (SF): | | |
| | Total Hardscape (SF): 1344 | | |
| Totals: | Total overall lot coverage (SF): 3069 = | 45.8 % of lot | |
| Applicant Initial: | AL cor. | | |
| Internal Use: Staff Review | v Date: Meets Z | oning ARB Only Variance or Modifica | ations Needed |
| Staff Comm | nents; | | Staff Initial: |
| | | | Stail Hillian |

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.

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 Std. 3-tab Asphalt Shingle **Existing Roof Type:** Slate Clay Tile Wood Shake Arch. Dimensional Shingles **EPDM Rubber TPO Rubber** Metal Clay Tile **New Roof Type:** Slate Wood Shake Std. 3-tab Asphalt Shingle EPDM Rubber Arch. Dimensional Shingles TPO Rubber Metal **New Shingle Manufacturer:** To Match Existing **New Roof Style & Color:** To Match Existing House or Principal Structure Windows Garage Only House & Garage Casement **Existing Window Type:** Fixed Exterior Storm Other: Double Hung Awning Horizontal Sliding Wood **Existing Window Materials:** Aluminum Clad Wood Metal Vinyl Clad Wood Aluminum Other: Pella **New Window Manufacturer:** New Window Style/Mat./Color: DH + CM; Alum. Clad Wood **Doors** Garage Only House & Garage House or Principal Structure Wood Insulated Metal **Fiberglass** Sidelights **Existing Entrance Door Type: Transom Windows** Insulated Metal **Existing Garage Door Type:** Wood Fiberglass Door Finish: Stained 🖊 Painted **Proposed Door Type:** Alum. Clad Style: French Match Existing Color: **Exterior Trim Existing Door Trim:** Cedar Redwood Pine Std. Lumber Profile **Wood Composite** Aluminum Clad Other: Molding Vinyl **Proposed New Door Trim:** Fiber Cement **Existing Window Trim:** Wood Redwood Pine Std. Lumber Profile Other: Vinyl Fiber Cement White **Proposed New Window Trim:** Trim Color(s): Do the Proposed Changes Affect the Overhangs? Yes No



Architectural Review Worksheet (Continued)

| Exterior W | all Finishes | | |
|------------|--------------|-----------------|----------------------------|
| Existing | Proposed | Type: | Manfacturer, Style, Color: |
| | | Natural Stone | |
| | | Cultured Stone | |
| | | Brick | |
| | | Mortar | |
| | | Stucco | |
| | | Wood Shingle | |
| | | Wood Siding | |
| | | Vinyl Siding | |
| | ~ | Aluminum Siding | To Match Existing |
| | | Other | |

| Confirmation (to be completed by | Residential Design | Consultant: | | |
|----------------------------------|--------------------|-------------|--|--|
| Date of Review: | | | | |
| Approved By: | | | | |
| To be reviewed by ARB on: | | | | |
| Conditions/Stipulations: | | | | |
| | | | | |
| | | | | |
| Staff Initials: | | | | |