

Standardized Recommendation Form

DEPARTMENT OF BUILDING
AND ZONING SERVICES

111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-4522 ▪ ZoningInfo@columbus.gov ▪ www.columbus.gov/bzs

FOR USE BY: AREA COMMISSION / NEIGHBORHOOD GROUP
(PLEASE PRINT)

Case Number _____

Address _____

Group Name _____

Meeting Date _____

Specify Case Type **BZA Variance / Special Permit**
 Council Variance
 Rezoning
 Graphics Variance / Plan / Special Permit

Recommendation **Approval**
(Check only one) **Disapproval**

LIST BASIS FOR RECOMMENDATION:

Vote _____

Signature of Authorized Representative _____

Recommending Group Title _____

Daytime Phone Number _____

Please **e-mail** this form to **the assigned planner within 48 hours of meeting day**; OR **MAIL** to: Zoning, City of Columbus, Department of Building & Zoning Services, 111 N Front Street, Columbus, Ohio 43215.