

### CONDITIONAL USE APPLICATION

PROPERTY INFORMATION			
Project/Property Address: 5175 Morse Road, Gahanna, OH 43230		Project Name/Business Name: Labcorp	
Parcel #: 025-011233-00	Zoning: (see <a href="#">Map</a> )	SO	Acreage: 2.03

USE SPECIFICATIONS
Proposed Use/Project Description: Labcorp will use the premises for general office use and as a Patient Service Center (e.g. patient specimen collection, package for daily pick up and transport to testing laboratory). No laboratory testing will be performed at this site.
<b>STAFF USE ONLY:</b> (Code Section): Chapter 1153.01(b)(3) - 8099 Health and allied services, not elsewhere classified

APPLICANT INFORMATION	
Applicant Name (Primary Contact): Tim Stephenson-LCA Regional Mgr	Applicant Address: 6370 Wilcox Rd, Dublin Ohio 43016
Applicant E-mail: Stepht5@labcorp.com	Applicant Phone: 513-206-1688
Business Name (if applicable): Laboratory Corporation of America Holdings (Labcorp)	

ADDITIONAL CONTACTS	
*Please list all applicable contacts for correspondence*	
Name(s)	Contact Information (phone/email)
Sherry Thomas	614-215-8284 Thomas2@labcorp.com
Lori Emery	614-215-8221 Emeryl1@labcorp.com
Property Owner Name: (if different from Applicant) 5175 Morse Road, LLC	Property Owner Contact Information (phone no./email): Neil Sethi 614-310-3310 Nsethi@landisproperties.com

**ADDITIONAL INFORMATION ON NEXT PAGE....**

INTERNAL  
USE

Zoning File No CU-0253-2022

RECEIVED: KAW  
DATE: 6-10-22

PAID: 200.00  
DATE: 6-10-22

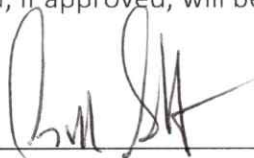
Updated  
Aug 2021

### CONDITIONAL USE APPLICATION - SUBMISSION REQUIREMENTS

TO BE COMPLETED/SUBMITTED BY THE APPLICANT:	
1.	Review Gahanna Code Chapter <a href="#">1169</a> (visit <a href="#">Zoning Code</a> )
2.	Legal description of property certified by registered surveyor (11"x17")
3.	Statement of the proposed use of the property
4.	Statement of the necessity or desirability of the proposed use to the neighborhood or community
5.	Statement of the relationship of the proposed use to adjacent property & land use
6.	Plot Plan including the following: (11"x17" preferred) <ul style="list-style-type: none"> <li>- The boundaries and dimensions of the lot</li> <li>- The size and location of existing and proposed buildings and/or structures</li> <li>- The proposed use of all parts of the lot, buildings and/or structures, including access ways, walks, off-street parking and loading spaces, and landscaping</li> <li>- The relationship of the proposed development to the applicable development standards</li> <li>- The use of land and location of structures on adjacent property</li> </ul>
7.	List of contiguous property owners & their mailing address
8.	One set of pre-printed mailing labels for all contiguous property owners
9.	Application fee (in accordance with the <a href="#">Building &amp; Zoning Fee Schedule</a> )
10.	Application & all supporting documents submitted in digital format
11.	Application & all supporting documents submitted in hardcopy format
12.	Authorization Consent Form Complete & Notarized (see page 3)

**APPLICANT SIGNATURE BELOW CONFIRMS THE SUBMISSION REQUIREMENTS HAVE BEEN COMPLETED**

I certify that the information on this application is complete and accurate to the best of my knowledge, and that the project as described, if approved, will be completed in accordance with the conditions and terms of that approval.

Applicant Signature: 

Date: 6-8-22

**PLEASE NOTE:**

- The Public Hearing will not occur until the City of Gahanna reviews the Application for Code Consistency. Applications that are not consistent with the code will not be scheduled for hearing.
- The application expires if no action is taken 6 months from the date of the last staff comment letter.

## **Conditional Use Application**

**LabCorp – June 2022**

### **3. Statement of proposed use of the Property:**

Labcorp has worked with the owner of this property to lease a 1200 square foot suite, for the general purpose of general office use and a Patient Service Center (PSC). All Labcorp PSC's offer routine, patient specimen collection which can include blood and urine specimen collections for diagnostic test ordered by the patient's healthcare provider and for pre-employment screening. Patient specimens are packaged for daily pick-up and transport to the Labcorp testing laboratory.

### **4. Statement of the necessity or desirability of the proposed use to the neighborhood or community**

Labcorp has provided patient specimen collection services, ordered by patient's healthcare provider via our PSC's, for the Gahanna community for the past 17 years. This new PSC location provides an additional community-based access related to routine patient specimen collections for diagnostic laboratory testing.

### **5. Statement of the relationship of the proposed use to adjacent property & land use**

Labcorp will be joining other like providers on this property and will compliment what is already within this building.

**AUTHORIZATION CONSENT FORM**

*(must sign in the presence of a notary)*

If you are filling out more than one application for the same project & address, you may submit a copy of this form with additional applications.

PROPERTY OWNER

**IF THE PROPERTY OWNER IS THE APPLICANT, SKIP TO NEXT SECTION**

As the property owner/authorized owner's representative of the subject property listed on this application, hereby authorize the applicant/representative to act in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all terms and agreements made by the applicant/representative.

Neil Sakr, Manager of 5175 Morse LLC  
(property owner name printed)

Neil Sakr  
(property owner signature) \_\_\_\_\_ (date)

Subscribed and sworn to before me on this 1<sup>st</sup> day of June, 2022.

State of Ohio County of Franklin

Notary Public Signature: Jamie Bunke



JAMIE BUNKE  
NOTARY PUBLIC  
FOR THE  
STATE OF OHIO  
My Commission Expires  
September 16, 2022

Applicant/Property Owner/Representative

**AGREEMENT TO COMPLY AS APPROVED** As the applicant/representative/owner of the subject property listed on this application, I hereby agree that the project will be completed as approved with any conditions and terms of the approval, and any proposed changes to the approval shall be submitted for review and approval to City staff.

**AUTHORIZATION TO VISIT THE PROPERTY** I hereby authorize City representatives to visit, photograph and post notice (if applicable) on the subject property as described.

**APPLICATION SUBMISSION CERTIFICATION** I hereby certify that the information on this application is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
(applicant/representative/property owner name printed)

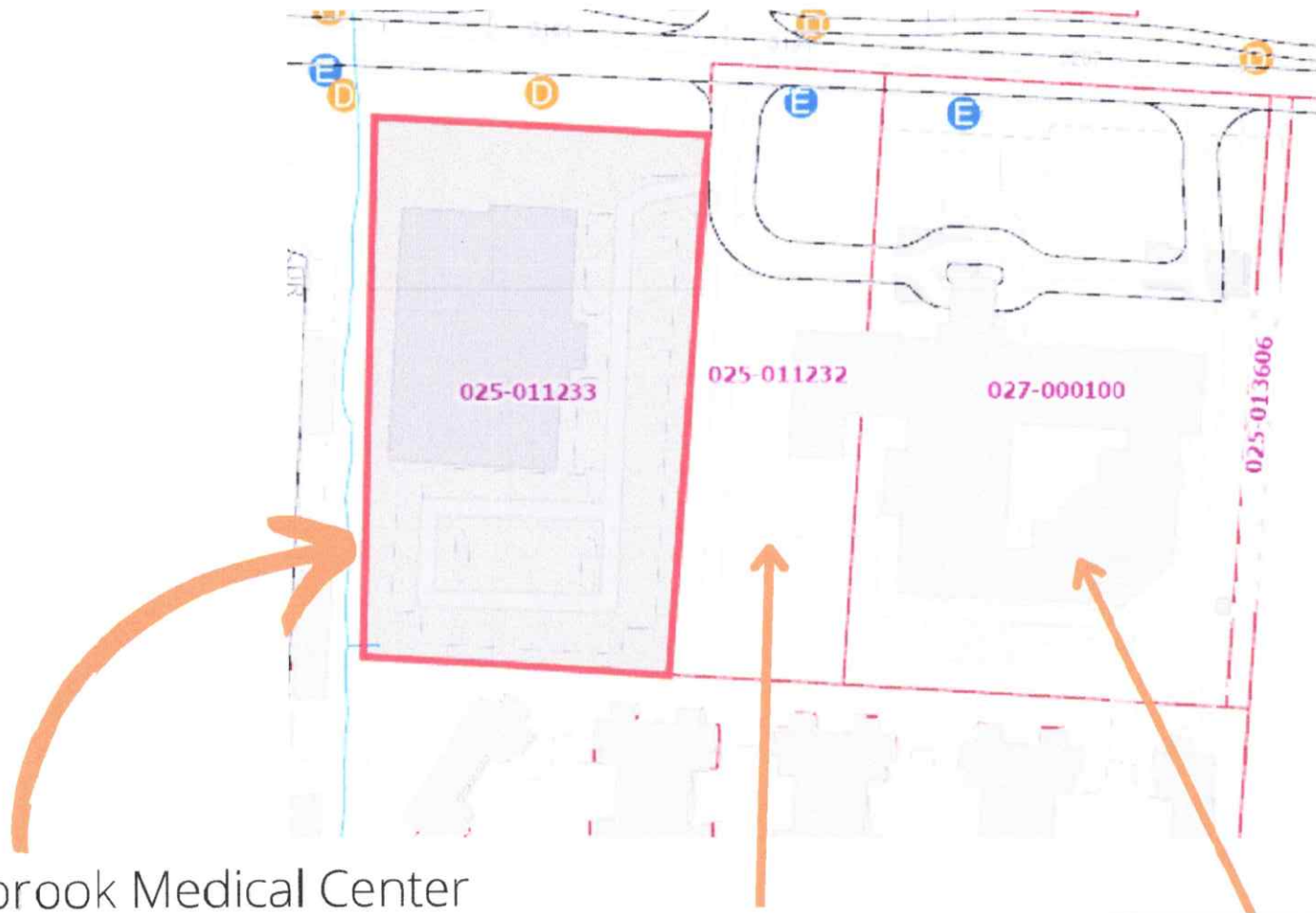
\_\_\_\_\_  
(applicant/representative/property owner signature) \_\_\_\_\_ (date)

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Stamp or Seal



Stonybrook Medical Center

GAHANNA CARE GROUP LLC  
5195 MORSE RD  
5101 NE 82ND AVE SUITE 200  
VANCOUVER WA 98662

Parcel ID: 025-011232-00  
GAHANNA CARE GROUP LLC

Parcel ID: 027-000100-00  
GAHANNA CARE GROUP LLC



Gahanna Care Group LLC  
5101 NE 82<sup>ND</sup> Ave, Suite 200  
Vancouver, WA 98662

Bolon, Nora L  
1333 Amberlea Dr W  
Columbus, OH 43230

Farrell, John Byrne  
Farrell, Susan S  
188 Landover Rd  
Gahanna, OH 43230

Shumate, Sharon  
1347 W Amberlea Dr  
Columbus, OH 43230

Denhard, Joyce W  
1335 Amberlea Dr W  
Columbus, OH 43230

Marasek, Nancy  
1345 Amberlea Dr  
Columbus, OH 43230

Jackson, Renee E  
1341 Amberlea Dr  
Columbus, OH 43230



June 23, 2022

Laboratory Corporation of American Holdings  
6370 Wilcox Rd  
Dublin, OH 43016

RE: Project 5175 Morse Rd Conditional Use

Dear Laboratory Corporation of American Holdings:

The following comments were generated from the review of the submitted plans and documents for the referenced project.

**Planning**

1. Informational Comment - No concerns with the proposed conditional use. Please see forthcoming staff report for additional comments, if any. *(Informational Comment)*

**Development Engineer**

2. No comment.

**Parks**

3. No Comments Per Julie Predieri

**Fire District**

4. The fire division has no objection to the Conditional Use application for the Business. Lab Corp wants to use the space for office use and a patient service center.

There will be no laboratory testing in the space. *(Informational Comment)*

If you have any comments or questions, please contact me at [kelly.wicker@gahanna.gov](mailto:kelly.wicker@gahanna.gov) or (614) 342-4025.

Sincerely,

Kelly Wicker  
Planning and Zoning Coordinator





## STAFF REPORT

### Request Summary

A conditional use has been filed requesting to allow SIC 8099 – Health and allied services, not elsewhere classified. This category allows uses such as health screening services, blood banks, and physical exam services when not performed by physicians. This category of use, while medical, permits uses typically not conducted by a doctor. Most medical uses that are conducted by a doctor are permitted by right in Suburban Office and Institutional (SO).

The application states that the suite will be used as a patient service center. Specimens are dropped off, collected, and transported offsite for testing. No laboratory testing will be performed onsite. If the specimen collection was being performed by a doctor, then the use would be permitted by right.

### Conditional Use

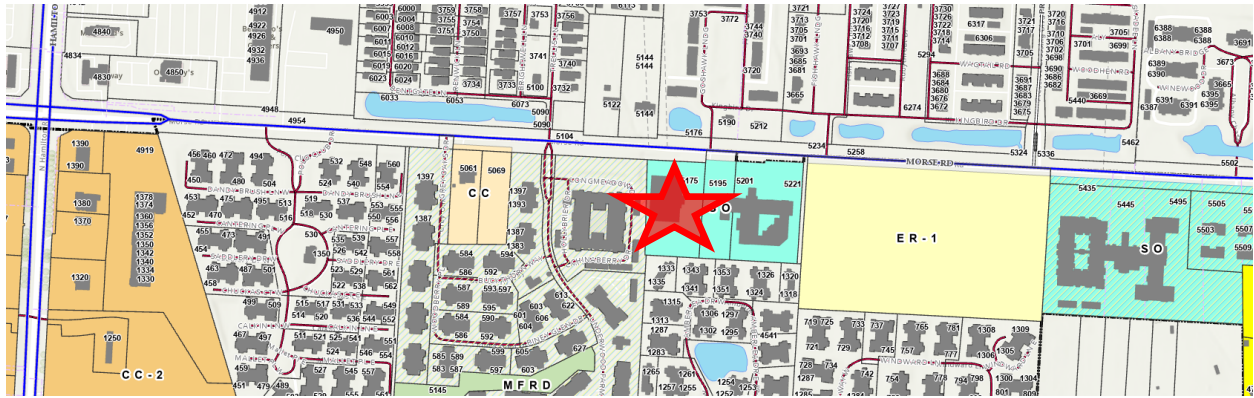
Requests for a conditional use shall be approved if the following four conditions are met:

1. The proposed use is a conditional use of the zoning district and the applicable development standards established in this zoning ordinance are met.
2. The proposed development is in accord with the appropriate plans for the area.
3. The proposed development will not have undesirable effects on the surrounding area.
4. The proposed development will be in keeping with the existing land use character and physical development potential of the area.

### Staff Comments

Staff recommends approval. The request appears to be consistent with the four findings of approval. The use is consistent with other uses within the building and the use would be permitted by right if the specimen collection was being performed by a doctor.

Location/Zoning Map



Respectfully Submitted By:  
Michael Blackford, AICP  
Director of Planning