

**VARIANCE APPLICATION**

PLEASE NOTE: This application is not to be considered complete until all documents are received and approved by the Planning & Zoning Administrator.

Project/Property Address or Location: <b>173 GRAND RIDGE CT</b>		Project Name/Business Name (if applicable):	
Parcel ID No.(s): <b>025-013591</b>	Current Zoning: <b>ROD SF.3</b>	Total Acreage: <b>.77</b>	
Description of Variance Requested: <b>To allow a privacy fence in the front yard setbacks</b>			
STAFF USE ONLY – Code Section(s) & Description of Variance: <b>U71.03(h) privacy fences prohibited in front yard</b>			
APPLICANT Name (primary contact) -do not use a business name: <b>THERESA ANKAMAH</b>		Applicant Address: <b>173 GRAND RIDGE CT</b>	
Applicant E-mail: <b>drtheresa9@gmail.com</b>		Applicant Phone No.: <b>614 383 7193</b>	
BUSINESS Name (if applicable):			
ATTORNEY/AGENT Name:		Attorney/Agent Address:	
Attorney/Agent E-Mail:		Attorney/Agent Phone No.:	
<b>ADDITIONAL CONTACTS (please list all applicable contacts)</b>			
Name(s):		Contact Information (phone no./email):	
Contractor			
Developer			
Architect			
PROPERTY OWNER Name: (if different from Applicant)		Property Owner Contact Information (phone no./email):	

**APPLICANT SIGNATURE BELOW CONFIRMS THE SUBMISSION REQUIREMENTS HAVE BEEN COMPLETED** (see page 2)

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: **THERESA ECARL ANKAMAH** Date: **6/8/18**

**THIS FORM IS AVAILABLE TO BE SUBMITTED ONLINE: [www.gahanna.gov](http://www.gahanna.gov)**

INTERNAL USE

Zoning File No. **V-137-2018**  
PC Meeting Date: \_\_\_\_\_  
PC File No. \_\_\_\_\_

RECEIVED: **KAW**  
DATE: **6-8-18**

PAID: \_\_\_\_\_  
DATE: \_\_\_\_\_  
CHECK#: \_\_\_\_\_

**VARIANCE APPLICATION – SUBMISSION REQUIREMENTS**

PLEASE NOTE: This application is not to be considered complete until all documents are received and approved by the Planning & Zoning Administrator.

STAFF USE - INTAKE	TO BE COMPLETED/SUBMITTED BY THE APPLICANT:	APPLICANT		STAFF USE	
		YES	N/A	YES	N/A
	1. Review Gahanna Code <u>Section 1131</u> (visit <a href="http://www.municode.com">www.municode.com</a> ) (Sign Variances, refer to Section 1165.12; Fence Variances, 1171.05; Flood Plain Variances, 1191.18)				
	2. Pre-application conference with staff				
	3. Survey of property certified by a registered surveyor (11"x17" copy)				
	4. List of contiguous property owners & their mailing address				
	5. Pre-printed mailing labels for all contiguous property owners				
	6. A statement of the reason(s) for the variance request that address the following three conditions: (not applicable for Sign, Fence, or Flood Plain Variances) - Special circumstances or conditions - Necessary for preservation - Will not materially affect adversely the health or safety				
	7. Application fee paid (in accordance with the <u>Building &amp; Zoning Fee Schedule</u> )				
	8. Application & all supporting documents submitted in digital format				
	9. Application & all supporting documents submitted in hardcopy format				
	10. Authorization Consent Form Complete & Notarized (see page 3)				

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**APPLICATION ACCEPTANCE**

INTERNAL USE

This application has been reviewed and is considered complete and is hereby accepted by the Zoning Division of the City of Gahanna and shall be forwarded to the City of Gahanna Planning Commission for consideration.

Planning Commission must recommend to City Council for final approval

Planning & Zoning Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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.

**AUTHORIZATION FOR OWNER'S APPLICANT OR REPRESENTATIVE(S)** *If the applicant is not the property owner, this section must be completed & notarized.*

I, \_\_\_\_\_, the owner or authorized owner's representative of the subject property listed on this application, hereby authorize \_\_\_\_\_ to act as my applicant or representative(s) 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 designated representative.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO VISIT THE PROPERTY**

I, TERESA ANIKAMAH, the owner or authorized owner's representative of the subject property listed on this application, hereby authorize City representatives to visit, photograph and post notice *(if applicable)* on the property as described in this application.

Property Owner Signature: [Signature] Date: JUNE 8<sup>TH</sup>, 2018

NOTARY

Subscribed and sworn to before me on this 8<sup>th</sup> day of June, 2018.  
State of Ohio County of Franklin  
Notary Public Signature: Fredena L. Williams



**AGREEMENT TO COMPLY AS APPROVED**

I, TERESA ANIKAMAH, the applicant of the subject property listed on this application, hereby agree that the project will be completed as approved and any proposed changes to the approved plans shall be submitted for review and approval to the Zoning Division staff.

Applicant Signature: [Signature] Date: JUNE 8<sup>TH</sup>, 2018

NOTARY

Subscribed and sworn to before me on this 8<sup>th</sup> day of June, 2018.  
State of Ohio County of Franklin  
Notary Public Signature: Fredena L. Williams







Anita Kiprovka  
183 Grand Ridge Crt  
Gahanna, Ohio 43230

Ronald Dunlap  
5605 Havens Corners  
Gahanna, Ohio 43230

David Dillon  
234 Ashley Crt  
Gahanna, Ohio 43230

## VARIANCE STATEMENT

### 1171.05 - VARIANCES AND APPEALS.

#### (a) *Variance Procedure.*

- (1) The standard for granting a variance which relates solely to area requirements is a lesser standard than that applied to variances which relate to use. An application for an area variance need not establish unnecessary hardship: it is sufficient that the application show **practical difficulties.**

In determining whether a property owner seeking an area variance has encountered practical difficulties, Planning Commission shall consider and weigh the following factors:

- A. Whether the property in question will yield a reasonable return or whether there can be any beneficial use of the property without the variance; **The original house, pre-dating this subdivision, had frontage on Havens Corners Road. When the subdivision was first platted, the original house became Lot 9, with a 30' front setback on Grand Ridge Court. This has made the lot and the house legal non-conforming, and radically changed the setbacks from their original orientation. Now the front façade of the house, and the east façade are considered front yards, the south façade is considered to be the side yard, and the west façade faces the rear yard. The variance request is to allow a privacy fence to be erected in the front yard.**
- B. Whether the variance is substantial; **The request is to erect only three fence panels in the front yard.**
- C. Whether the essential character of the neighborhood would be substantially altered or whether adjoining properties would suffer a substantial detriment as a result of the variance; **There will be no substantial alteration to the character of the neighborhood and the adjoining property will have no reduction of sight visibility upon exiting the property to access Grand Ridge Court.**
- D. Whether the variance would adversely affect the delivery of governmental services (e.g., water, sewer, refuse); **It will not.**
- E. Whether the property owner purchased the property with the knowledge of the zoning restriction; **The property owner was not aware of the restriction at the time of purchase.**
- F. Whether the property owner's predicament feasibly can be obviated through some method other than a variance; **The property owner suffered a dog bite in her own yard. If the proposed fence had been in place, this incident probably could have been prevented. Per GPD notation and Franklin County Health Department, the dog owned by the property owner at 183 Grand Ridge Court entered the yard at 173 Grand Ridge Court and bit Theresa Ankamah on the arm. The fence is necessary to protect the family and to keep this type of incident from happening again.**
- G. Whether the spirit and intent behind the zoning requirement would be observed and substantial justice done by granting the variance; **Granting the variance will allow the residents of 173 Grand Ridge Court the preservation and enjoyment of substantial property rights while providing safety to the family.**
- H. Whether the fence is sufficiently compatible with the architectural and design character of the immediate neighborhood; and **the proposed addition will match the existing fence on the property in material, color, and height.**
- I. Whether the fence will be hazardous to passing traffic or otherwise detrimental to the public safety and welfare. **No hazard or detriment to traffic or the public.**

Gahanna



Franklin County Public Health  
 280 East Broad Street  
 Columbus, Ohio 43215-4562  
 (614) 525-3160  
 www.myfcph.org

**Animal Bite Intake Form**  
 Community Environmental Health Program

Ohio Administrative Code 3701-3-28 states: "Whenever a person is bitten by a dog or other mammal, report of such bite shall be made within 24 hours to the health commissioner of the district in which such bite occurred."

Please complete as much information as possible. Please fax this report within 24 hours to (614) 525-8880.

**Victim (Person Injured)**

Victim's Name TERESA ANKAMAH			
Address 173 GRAND RIDGE CT		City GAHANNA	State OH
Zip Code 43280		Home Phone Number 614 383 7193	Work Phone Number Cell Phone Number
Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Age 39		
Parent/Guardian (if victim is under 18)	Phone Number		
Address (if different than victim)			
Date of Injury 4/13/2018	Type of Injury <input checked="" type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Bruise <input type="checkbox"/> Other		
Location of Injury(ies) on body Right arm			
Victim was injured <input type="checkbox"/> On the Animal Owner's Property <input checked="" type="checkbox"/> Off the Animal Owner's Property			

**Animal Information**

Animal Type <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Bat <input type="checkbox"/> Bite <input type="checkbox"/> Raccoon <input type="checkbox"/> Skunk <input type="checkbox"/> Other			
Animal Color BROWN / WHITE	Breed AUSTRALIAN SHEPHERD	Animals Name MELBAE	
Location of Animal Now WITH OWNER	Stray Animal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you believe the animal was vaccinated for rabies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Rabies Tag Number (if known) U207965		
Veterinarian/Clinic (if known) DONNA L. VIOLET DVM			

**Owner or Location of Animal** If the animal owner is not known, please indicate the address section where the injury occurred (i.e. street or nearest intersection)

Owner's Name ANITA KIPROVSKA			
Address 183 GRAND RIDGE CT		City GAHANNA	State OH
Zip Code 43230		Home Phone Number 614 855 3701	Work Phone Number Cell Phone Number



