

BOARD OF ZONING APPEALS MEETING
THURSDAY, JULY 22, 2024, 5:30 P.M.
COUNCIL CHAMBERS
40 W MAIN ST, NEWARK, OH 43055

AGENDA
PUBLIC HEARING

- 1. CALL TO ORDER**
- 2. APPROVAL OF MINUTES**
- 3. OLD BUSINESS**

APPLICATION BZA-24-14

Applicant: Kevin Scott
Owner: KScott Properties LLC
Location: 529 Ballard Ave
Project: Mobile Home Park/RV Campground
Reference: 150

- 4. NEW BUSINESS**

APPLICATION BZA-24-30

Applicant: Bryce Thomson
Owner: Bryce Thomson
Location: 686 Maple Ave
Project: Fence
Reference: 88.1.1

APPLICATION BZA-24-31

Applicant: Ohio Natural Treatment Solutions LLC
Owner: 1246 Newark LLC
Location: 1250 N 21st St
Project: Conditional Use
Reference: 50.4.1

APPLICATION BZA-24-32

Applicant: Verdant Creations Newark LLC
Owner: Strategic Property Concepts
Location: 1546 W Church St
Project: Conditional Use
Reference: 56.4.1

APPLICATION BZA-24-33

Applicant: Judson Kreager
Owner: Judson Kreager
Location: 2095 Bracken Moor Dr
Project: Pole Barn
Reference: 86.3.1

APPLICATION BZA-24-34

Applicant: Verdant Creations Newark LLC
Owner: Diane Gordon
Location: David Lewis
Project: Screened Porch
Reference: 16.8

THE NEXT SCHEDULED BOARD OF ZONING APPEALS MEETING WILL BE HELD ON THURSDAY SEPTEMBER 26, 2024, 5:30 P.M. THE DEADLINE FOR AGENDA ITEM SUBMITTAL IS SEPTEMBER 3, 2024, 4:30PM.

5. ADJOURNMENT

Board of Zoning Appeals
C/o Engineering Dept.
40 West Main St, 2nd Flr.
Newark, Ohio 43055
(740) 670-7727
(740)349-5911 Fax

City of Newark
Board of Zoning Appeals
Application

Zoning File # _____
BZA Application # 82A-24-14
Date Received: 4/9/24
Received by: D.C.C.
Amount Due: \$ _____
Receipt # _____

CITY OF NEWARK, OHIO | BOARD OF ZONING APPEALS

Rev 8/13

Owner	
Name: <u>Kevin SCOTT</u>	Telephone: <u>(740) 345-9207</u>
Address: <u>529 Ballard Ave Newark OH 43055</u>	E-mail: <u>KSCOTTproperties22@gmail.com</u>
I would prefer to have agendas mailed rather than e-mailed <input type="checkbox"/>	

Applicant	
Name: <u>KSCOTT Properties LLC</u>	Telephone: <u>(740) 345-9207</u>
Address: <u>31 Bow St, Newark OH 43055</u>	E-mail: <u>KSCOTTproperties22@gmail.com</u>
I would prefer to have agendas mailed rather than emailed <input type="checkbox"/>	

Parcel	
Address of Parcel:	Auditor's Parcel Number:
On the <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West side of the street, between the following intersections: <u>Ballard</u> and	
Subdivision Name:	Lot Number:
Zoning Classification: <u>mobile Home Park</u> <small>If filling out electronically, click box to display dropdown</small>	Proposed Use: <small>If filling out electronically, click box to display dropdown (Specify Use):</small>

Appeal	
This Application is a request to permit the following: Erection <input type="checkbox"/> Alteration <input type="checkbox"/> Maintenance <input type="checkbox"/> Conversion <input type="checkbox"/> Conditional Use <input type="checkbox"/> In accordance with the plans filed herewith, describe the building or use:	
This project is not permitted by the Zoning Code for the following reason(s): <u>CITY ORDINANCE ART. 20.2</u>	
Please outline the circumstances, which you feel would warrant a variance to the requirements of the Zoning Code: <u>very similar use & classification</u>	
Has there been any previous application or appeal on these premises? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes When?	
This application is a request for modification of the requirements of the following Article(s)/Section(s) of the Zoning Code: (List) <u>20.2</u>	

BZA CASE NO. 24-14

Date of Review: 4/11/24

Address of Project: 529 Ballard Ave

Current Zoning: RMH

Project Description: RV Campground

- B.Z.A. Approval Required?----- Yes
- Planning Commission Approval Required?----- No
- Engineer’s Approval Required?----- No
- Law Director’s Approval Required?----- No
- City Council Approval Required?----- No

Ordinance / Article / Section

Requirement / Proposal / Conclusion

08-16 150 150.7.3

Requirement: The board shall have the power to hear and decide applications filed for special exceptions

Proposal: The applicant is proposing to operate an RV campground in a mobile home park

Conclusion: The proposal requires board approval



City of Newark Engineering and Zoning

40 W Main St Newark, OH 43055
740-670-7729 www.newarkohio.net

Notice of Board of Zoning Appeals Decision

May 23, 2024

KScott Property Development Co LLC
PO Box 311
Alexandria OH, 43001

Application Number: BZA-24-14

Dear Property Owner,

At a Public Hearing held on Thursday May 23, 2024 the Board of Zoning Appeals of the City of Newark considered your Application of Appeal proposing for the following project:

Address of Project: 529 Ballard Ave

Current Zoning: RMH

Project Description: RV Campground

Ordinance/Article/Section:

08-16 150 150.7.3

Requirement: The board shall have the power to hear and decide applications filed for special exceptions

Proposal: The applicant is proposing to operate an RV campground in a mobile home park

Conclusion: The proposal requires board approval

On the basis of evidence presented at the Public Hearing, and pursuant to Article 150 of Ordinance 08-33, otherwise known as the Zoning Code, the Board of Zoning Appeals granted your Appeal Application

The Board finds, beyond reasonable doubt that all the following facts and conditions exist:

[X] Unusual Circumstances:

[] Preservation of Property Rights:

[] Absence of Detriment:

[X] Other: Conditional Approval for 90

days - conditioned upon continuous improvement, no encroachment, and City Engineer to propose solution to water issue

On the basis of evidence presented at the Public Hearing, and pursuant to Article 150 of Ordinance 08-33, otherwise known as the Zoning Code, the Board of Zoning Appeals **denied** your Appeal Application **due to the following reasons.**

The following conditions were not met:

Unusual Circumstances:

Preservation of Property Rights:

Absence of Detriment:

Other: _____

As requested by the applicant, this request has been tabled.

The Zoning Inspector **will, will not** issue a permit to you subject to the above conditions

You are hereby advised that if you are aggrieved by the decision of the Board, you may present to the Court of Common Pleas of Licking County a petition duly verified, setting forth that such decision is illegal, in whole or in part, specifying the grounds of the illegality.

STATEMENT OF CERTIFICATION

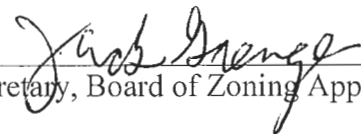
STATE OF OHIO, LICKING COUNTY, SS:

I, Steve Layman, Chairman of the Board of Zoning Appeals of the City of Newark, Ohio, within and for said City, and in whose custody the files, Journals and Records of said Board are required by the Ordinances and Resolutions of the City of Newark, Ohio, to be kept, do hereby certify that the foregoing is a true copy of the original entry evidencing the Board's decision in the premises and remaining on file and of record in this office. Said decision of the Board of Zoning Appeals is currently in full force and effect.

WITNESS my signature, this 23rd
day of May 2024.



Chairman, Board of Zoning Appeals



Secretary, Board of Zoning Appeals

Cc:



Board of Zoning Appeals
 C/o Engineering Dept.
 40 West Main St, 2nd Flr.
 Newark, Ohio 43055
 (740) 670-7727
 (740)349-5911 Fax

**City of Newark
 Board of Zoning Appeals
 Application**

Zoning File # _____
 BZA Application # BZA-24-30
 Date Received: 7/26/24
 Received by: 2-CC
 Amount Due: \$ 75
 Receipt # _____

CITY OF NEWARK, OHIO | BOARD OF ZONING APPEALS

Owner

Name: Bryce Thomson Telephone: 740-814-1207
 Address: 686 Maple Ave, Newark OH E-mail: bryce.thomson2@gmail.com
 I would prefer to have agendas mailed rather than e-mailed

Applicant

Name: Bryce Thomson Telephone: 740-814-1207
 Address: 686 Maple Ave, Newark OH E-mail: bryce.thomson2@gmail.com
 I would prefer to have agendas mailed rather than emailed

Parcel

Address of Parcel: E Postal Ave Auditor's Parcel Number: _____
 On the North South East West side of the street, between the following intersections:
E postal ave and Krieg St
 Subdivision Name: _____ Lot Number: _____
 Zoning Classification: res: dental RH Proposed Use: _____
If filling out electronically, click box to display dropdown If filling out electronically, click box to display dropdown (Specify Use):

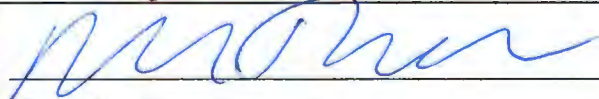
Appeal

This Application is a request to permit the following:
 Erection Alteration Maintenance Conversion Conditional Use
 In accordance with the plans filed herewith, describe the building or use: This application is to Build a 6' privacy fence around a corner Lot
 This project is not permitted by the Zoning Code for the following reason(s):
My garage is on a corner lot, making part of my yard technically considered the front yard.
 Please outline the circumstances, which you feel would warrant a variance to the requirements of the Zoning Code: I feel I am being double penalized for owning a corner Lot. No building even faces postal Ave, and current code would make a large portion of yard unusable
 Has there been any previous application or appeal on these premises? No Yes When? _____
 This application is a request for modification of the requirements of the following Article(s)/Section(s) of the Zoning Code: (List) Article 88.1

Required Documents and Appeal Process Overview

- Call the Newark City Engineering Department to schedule an Engineering Review.**
Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
Note: A Zoning Reviewer signature is required. See Office Use Section below.
- Obtain a Real Estate Tax Map, and Auditor's Parcel Numbers**
(Obtain from: Licking County Engineers Office, 20 South 2nd Street(3rd Floor) (740)670-5280 or www.lcounty.com)
*Note: Submit 1 paper copy or 1 digital copy**
- Obtain a Project Site Plan**
*Note: Submit 1 paper copies and 1 digital copy**
Site plans must meet the following requirements:
 - Plan is drawn to scale
 - Shows the location of existing and proposed structures
 - Shows property and setback lines
 - Shows dimensions of structures and any other proposed improvements
 - Plans must show all parking, landscaping and signage requirements
- Obtain Building Elevations**
*Note: Submit 1 paper copies and 1 digital copy**
 - Elevation drawings show front, side and rear elevation measurements
 - Show the property as if the proposed project were already completed
 - All major exterior finish materials are identified
- Obtain Other Exhibits**
*Note: Submit 1 paper copies and 1 digital copy**
Include photos, information or data which the applicant deems necessary for proper consideration of the application. (See Newark Zoning Ordinance 08-33, Article 150.)
- Submit Original Board of Zoning Appeals Application and attachments given above**
Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
*Note: Submit 1 paper copy and 1 digital copy**
 - All questions are answered completely or N/A is noted
 - Notarized Owner signature is present
 - Owner authorization statement is present if using a Representative

Upon receipt of this Application and the required documents listed above, you will be notified of the date and time of the Hearing at which a representative must attend.
- Pay the Appropriate Application Fee: Residential \$75 Commercial or Multi-Family \$200**
Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
 - Check is made payable to the "City of Newark"
 - If the application is for an Off-Premise Variable Message Sign, the fee is \$150. See 150.4.1.(4)(5)
- Attend the Board of Zoning Appeals Meeting**
Newark City Council Chambers, 40 West Main Street (1st Floor)
Note: Meetings are held the fourth Thursday of each month at 5:30pm. Be prepared to answer Members' questions.
- A Decision Letter will be mailed to you after the meeting**
**Digital files should be submitted in PDF, TIF, or JPG format - on disk, or email to zoninspector@newarkohio.net*



 (Owner/Applicant Signature)

Before me, a Notary Public in and for _____ County in the State of _____, personally appeared _____ who, by me being duly sworn, says that he is the Applicant, Owner, or Lessee (circle one) of the parcel of land with reference to which the within appeal is made; and that the statement of facts contained herein above is true. Subscribed and sworn to before me this _____ day of _____, 20_____. Notary Signature: _____

Do not write below this line- For Office Use Only

Status:	Date:	Zoning Reviewer:	Date Notified:
<input type="checkbox"/> Incomplete			
<input checked="" type="checkbox"/> Forward to BZA	8/5/24	BAM	
<input type="checkbox"/> Hold		Reason:	

BZA CASE NO. 24-30

Date of Review: 8/5/24

Address of Project: 686 Maple Ave

Current Zoning: RH

Project Description: Fence

B.Z.A. Approval Required?----- Yes

Planning Commission Approval Required?----- No

Engineer's Approval Required?----- No

Law Director's Approval Required?----- No

City Council Approval Required?----- No

Ordinance / Article / Section

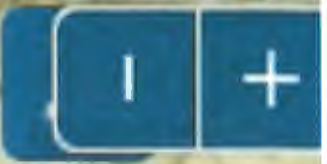
Requirement / Proposal / Conclusion

08-16 88 88.1.1

Requirement: In the RH district, front yard fences are restricted to a maximum of 4 ft. in height.

Proposal: The applicant is proposing to build a 6 ft. tall fence approximately 5 feet off the property line along Postal Ave.

Conclusion: The proposal requires board approval



Imagery 2....

188' Total Linear

6' Privacy Fence

15' Farm sidewalk

Man Gate

Step in line with front + horse

Car Gate

16' Car gate

6886

6898

116

46'

63'

53'

25'

2



Board of Zoning Appeals
C/o Engineering Dept.
40 West Main St, 2nd Flr.
Newark, Ohio 43055
(740) 670-7727
(740)349-5911 Fax

City of Newark Board of Zoning Appeals Application

Zoning File # _____
BZA Application # BZA-24-31
Date Received: 7-31-24
Received by: 7-31-24
Amount Due: \$ 200.00
Receipt # _____

CITY OF NEWARK, OHIO | BOARD OF ZONING APPEALS

Rev 8/13

Owner	
Name: 1246 NEWARK LLC	Telephone: 312-819-5061
Address: 224 W. Hill Street, Suite 400, Chicago, IL 60610	E-mail: Licensing_OH@verano.com
I would prefer to have agendas mailed rather than e-mailed <input type="checkbox"/>	
Applicant	
Name: Ohio Natural Treatment Solutions, LLC	Telephone: 312-819-5061
Address: 1250 N 21st St., Newark, OH 43055	E-mail: Licensing_OH@verano.com
I would prefer to have agendas mailed rather than emailed <input type="checkbox"/>	
Parcel	
Address of Parcel: 1250 N 21st St., Newark, OH 43055	Auditor's Parcel Number: 054-270660-00.000
On the <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West side of the street, between the following intersections: Baker and N 21st Street and Log Pond Drive and N 21st Street	
Subdivision Name:	Lot Number:
Zoning Classification: If filling out electronically, click box to display dropdown General Intensity Business District GB	Proposed Use: If filling out electronically, click box to display dropdown (Specify Use): Medical and Adult Use Cannabis Dispensary
Appeal	
This Application is a request to permit the following: Erection <input type="checkbox"/> Alteration <input type="checkbox"/> Maintenance <input type="checkbox"/> Conversion <input type="checkbox"/> Conditional Use <input checked="" type="checkbox"/>	
In accordance with the plans filed herewith, describe the building or use: Cannabis dual-use (Medical and recreational) dispensary	
This project is not permitted by the Zoning Code for the following reason(s): See next page	
Please outline the circumstances, which you feel would warrant a variance to the requirements of the Zoning Code: See next page	
Has there been any previous application or appeal on these premises? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes When?	
This application is a request for modification of the requirements of the following Article(s)/Section(s) of the Zoning Code: (List) CHAPTER 1262 GB General Intensity Business District, 1262.04 Conditional Uses. (c) Medical marijuana dispensaries pursuant to the authority and limitations set forth at Chapter 1260: MB Medium Intensity Business, Section 1260.04. We are requesting a variance to allow adult use.	

Required Documents and Appeal Process Overview

- Call the Newark City Engineering Department to schedule an Engineering Review.**
n/a Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
Note: A Zoning Reviewer signature is required. See Office Use Section below.
- Obtain a Real Estate Tax Map, and Auditor's Parcel Numbers**
(Obtain from: Licking County Engineers Office, 20 South 2nd Street(3rd Floor) (740)670-5280 or www.lcounty.com)
*Note: Submit 1 paper copy or 1 digital copy**
 Tax Map must show properties within 200ft radius of the parcel
- Obtain a Project Site Plan**
n/a *Note: Submit 1 paper copies and 1 digital copy**
Site plans must meet the following requirements:
 Plan is drawn to scale Shows the location of existing and proposed structures
 Shows property and setback lines Shows dimensions of structures and any other proposed improvements
 Plans must show all parking, landscaping and signage requirements
- Obtain Building Elevations**
n/a *Note: Submit 1 paper copies and 1 digital copy**
 Elevation drawings show front, side and rear elevation measurements
 Show the property as if the proposed project were already completed All major exterior finish materials are identified
- Obtain Other Exhibits**
*Note: Submit 1 paper copies and 1 digital copy**
Include photos, information or data which the applicant deems necessary for proper consideration of the application. (See Newark Zoning Ordinance 08-33, Article 150.)
- Submit Original Board of Zoning Appeals Application and attachments given above**
Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
*Note: Submit 1 paper copy and 1 digital copy**
 All questions are answered completely or N/A is noted Notarized Owner signature is present
 Owner authorization statement is present if using a Representative
Upon receipt of this Application and the required documents listed above, you will be notified of the date and time of the Hearing at which a representative must attend.
- Pay the Appropriate Application Fee: Residential \$75 Commercial or Multi-Family \$200**
Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
 Check is made payable to the "City of Newark" If the application is for an Off-Premise Variable Message Sign, the fee is \$150. Sec 150.4.1.(4)(5)
- Attend the Board of Zoning Appeals Meeting**
Newark City Council Chambers, 40 West Main Street (1st Floor)
Note: Meetings are held the fourth Thursday of each month at 5:30pm. Be prepared to answer Members' questions.
- A Decision Letter will be mailed to you after the meeting**
**Digital files should be submitted in PDF, TIF, or JPG format - on disk, or email to zoninsp@newarkcity.com*



Craig D. Varn

(Owner/Applicant Signature)

Before me, a Notary Public in and for Cook County in the State of Illinois, personally appeared Craig D. Varn, V.P. who, by me being duly sworn, says that he is the Applicant, Owner, or Lessee (circle one) of the parcel of land with reference to which the within appeal is made; and that the statement of facts contained herein above is true. Subscribed and sworn to before me this 29th day of July, 2024. Notary Signature: Samantha Irene Kramer

Do not write below this line- For Office Use Only

Status:	Date:	Zoning Reviewer:	Date Notified:
<input type="checkbox"/> Incomplete			
<input checked="" type="checkbox"/> Forward to BZA	<u>8/15/24</u>	<u>BAM</u>	
<input type="checkbox"/> Hold		Reason:	

BZA CASE NO. 24-31

Date of Review: 8/5/24

Address of Project: 1250 N 21st St

Current Zoning: GB

Project Description: Conditional Use

B.Z.A. Approval Required?----- Yes

Planning Commission Approval Required?----- No

Engineer’s Approval Required?----- No

Law Director’s Approval Required?----- No

City Council Approval Required?----- No

Ordinance / Article / Section

Requirement / Proposal / Conclusion

08-16 50 50.4.1

Requirement: In the GB district, a medical marijuana dispensary must receive conditional approval from the Board of Zoning Appeals

Proposal: In 2018, a conditional use permit was issued for a medical marijuana dispensary. One condition was that no adult use/recreational marijuana could be sold. In 2024, the State of Ohio legalized adult use marijuana. The applicant wished to have the condition removed.

Conclusion: The proposal requires board approval

Ohio Natural Treatment Solutions, LLC

This project is not permitted by the Zoning Code for the following reason(s):

Ohio Natural Treatment Solutions, LLC is currently operating a medical cannabis dispensary in the GB (General Intensity Business District), under a conditional special use permit granted by Newark's Zoning Board of Appeals (ZBA) in _____. This permit allowed the operation of a medical cannabis dispensary with the stipulation that adult-use recreational cannabis not be sold. Further, while medical cannabis dispensaries are a conditional use in the GB District, adult-use dispensaries are not. Therefore, a waiver from the zoning uses and the conditional special use permit are requested.

As of June 2024, the State of Ohio has legalized adult-use cannabis sales and provided guidance, regulations, and an application process for current medical dispensaries to convert to a "dual-use" license. This state-level change authorizes Ohio Natural Treatment Solutions to serve both medical patients and adult-use recreational customers. Ohio Natural Treatment Solutions is seeking an amendment to its existing special use permit to remove the condition that prohibits the sale of cannabis products to recreational, adult-use customers. Once this condition is lifted and the additional conditional use authorized, Ohio Natural Treatment Solutions will have the necessary state and municipal approvals to proceed with dual-use dispensing.

Please outline the circumstances, which you feel would warrant a variance to the requirements of the Zoning Code:

To comply with the new state regulations and to meet the community's needs, Ohio Natural Treatment Solutions is seeking an amendment to its special use permit to remove the condition that prohibits the sale of cannabis products to recreational, adult-use customers. Ohio Natural Treatment Solutions is also seeking a waiver to section 1262.04 Conditional Uses to allow for an adult-use cannabis dispensary. The following circumstances warrant this request:

Regulatory Changes and Compliance: The legalization of adult-use cannabis sales by the State of Ohio necessitates an update to local permits to ensure compliance with state law. On July 1, 2024, the City passed Ordinance 24-20, which limited the issuance of adult-use marijuana dispensary licenses to the three licensed medical marijuana dispensaries at their current location in operation at the time of passage of the ordinance. The Ordinance conditions issues of the license on the facility being located in an area where that type of facility is permitted or a conditional use pursuant to the zoning code. Current adult-use marijuana dispensaries are not authorized under any zoning. Therefore, without this variance, Ohio Natural Treatment Solutions would be operating under outdated municipal conditions that conflict with current state regulations.

Community Demand and Public Interest: The legalization reflects a shift in public policy and community standards towards adult-use cannabis. Allowing Ohio Natural Treatment Solutions to serve adult-use customers meets the evolving needs and demands of the community, providing legal access to cannabis products for recreational use.

Economic Benefits: Expanding operations to include adult-use sales will likely increase revenue for Ohio Natural Treatment Solutions, which in turn can contribute to local economic growth through increased tax revenues and job creation. This supports the economic development goals of the community.

Consistency with Neighborhood Character: The dispensary's operation, including its security measures and customer management protocols, will remain consistent. The amendment will not alter the physical appearance of the dispensary, ensuring that it continues to blend seamlessly with the surrounding area.

Minimal Impact on Surrounding Area: The proposed change is administrative rather than structural. It does not involve an increase in building footprint nor increase traffic, noise. Thus, the impact on neighboring properties and the overall community will be minimal.

Precedent and Future Adjustments: A similar request was previously granted to Curaleaf Newark. Granting this amendment maintains the precedent and promotes a cohesive approach to zoning and land use within Newark.

In conclusion, the requested variance is necessary to meet the requirements of Ordinance 24-20, align with state legislation, fulfill community needs, and support economic development while maintaining the current operational standards and neighborhood harmony.



Board of Zoning Appeals
C/o Engineering Dept.
40 West Main St, 2nd Flr.
Newark, Ohio 43055
(740) 670-7727
(740)349-5911 Fax

City of Newark Board of Zoning Appeals Application

Zoning File # _____
BZA Application # BZA-24-32
Date Received: 8-2-24
Received by: B.C.C.
Amount Due: \$ 200.00
Receipt # _____

CITY OF NEWARK, OHIO | BOARD OF ZONING APPEALS

Rev 8/13

Owner	
Name: Charles Bachtell <i>Strategic Property Concepts LLC</i>	Telephone: 312-929-0993
Address: 600 W. Fulton Street, Suite 800, Chicago, IL 60661	E-mail: regulatory@crescolabs.com
<i>I would prefer to have agendas mailed rather than e-mailed</i> <input type="checkbox"/> <i>Cresco / MBO Lease Solutions LLC</i>	
Applicant	
Name: Verdant Creations Newark, LLC	Telephone: 312-929-0993
Address: 1546 W. Church Street, Newark, OH 43055	E-mail: regulatory@crescolabs.com
<i>I would prefer to have agendas mailed rather than emailed</i> <input type="checkbox"/> <i>980 N Michigan Ave STE 1000</i>	
Parcel	
Address of Parcel: 1546 W. Church Street, Newark, OH, 43055	Auditor's Parcel Number: 054-246930-00.002
On the <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West side of the street, between the following intersections: West Church Street/County Club Drive and West Church Street/Bryn Mawr Drive	
Subdivision Name: N/A	Lot Number: N/A
Zoning Classification: Medical Marijuana Dispensary If filling out electronically, click box to display dropdown	Proposed Use: <i>GC</i> Medical and Adult Use(Dual Use) Marijuana Dispensary If filling out electronically, click box to display dropdown (Specify Use):
Appeal	
This Application is a request to permit the following: Erection <input type="checkbox"/> Alteration <input type="checkbox"/> Maintenance <input type="checkbox"/> Conversion <input type="checkbox"/> Conditional Use <input checked="" type="checkbox"/>	
In accordance with the plans filed herewith, describe the building or use: On July 26th, 2018, the Board of Zoning approved this facility as a medical-use-only marijuana dispensary. With the recent legalization of adult-use cannabis in Ohio, the business at this address is now requesting permission to sell adult-use marijuana and transition into a dual-use dispensary.	
This project is not permitted by the Zoning Code for the following reason(s): The July 26th, 2018 zoning approval letter states that recreation use(adult use) is invalid at this location.	
Please outline the circumstances, which you feel would warrant a variance to the requirements of the Zoning Code: With the recent legalization of adult-use cannabis in Ohio, the business is requesting permission to sell adult-use marijuana and transition into a dual-use dispensary.	
Has there been any previous application or appeal on these premises? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes When? July 2018	
This application is a request for modification of the requirements of the following Article(s)/Section(s) of the Zoning Code: (List) 08-33 46.4.1	

Required Documents and Appeal Process Overview

- N/A Call the Newark City Engineering Department to schedule an Engineering Review
Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
Note: A Zoning Reviewer signature is required. See Office Use Section below.
- Obtain a Real Estate Tax Map and Auditor's Parcel Numbers
(Obtain from: Licking County Engineers Office, 20 South 2nd Street(3rd Floor) (740)670-5280 or www.lcountv.com)
*Note: Submit 1 paper copy or 1 digital copy**
- N/A Obtain a Project Site Plan
*Note: Submit 1 paper copies and 1 digital copy**
 Site plans must meet the following requirements:
 - Plan is drawn to scale
 - Shows the location of existing and proposed structures
 - Shows property and setback lines
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- N/A Obtain Building Elevations
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 - Show the property as if the proposed project were already completed
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Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
*Note: Submit 1 paper copy and 1 digital copy**
 - All questions are answered completely or N/A is noted
 - Notarized Owner signature is present
 - Owner authorization statement is present if using a Representative**Upon receipt of this Application and the required documents listed above, you will be notified of the date and time of the Hearing at which a representative must attend.**
- Pay the Appropriate Application Fee: Residential \$75 Commercial or Multi-Family \$200
Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
 Check is made payable to the "City of Newark" If the application is for an Off-Premise Variable Message Sign, the fee is \$150. See 150.4.1.(4)(5)
- Attend the Board of Zoning Appeals Meeting
Newark City Council Chambers, 40 West Main Street (1st Floor)
Note: Meetings are held the fourth Thursday of each month at 5:30pm. Be prepared to answer Members' questions.
- A Decision letter will be mailed to you after the meeting
**Digital files should be submitted in PDF, TIFF, or JPG format - on disk, or email to zoninspector@newarkohio.net*

[Handwritten Signature]



(Owner/Applicant Signature)
 Before me, a Notary Public in and for Cook County in the State of Illinois, personally appeared Charles Bechtel who, by me being duly sworn, says that he is the **Applicant, Owner, or Lessee** (circle one) of the parcel of land with reference to which the within appeal is made; and that the statement of facts contained herein above is true. Subscribed and sworn to before me this 31st day of July, 2024. Notary Signature: *[Handwritten Signature]*

Do not write below this line- For Office Use Only

Status:	Date:	Zoning Reviewer:	Date Notified:
<input type="checkbox"/> Incomplete			
<input checked="" type="checkbox"/> Forward to BZA	<u>8/5/24</u>	<u>BRM</u>	
<input type="checkbox"/> Hold		Reason:	

BZA CASE NO. 24-32

Date of Review: 8/5/24

Address of Project: 1546 W Church St

Current Zoning: GC

Project Description: Conditional Use

B.Z.A. Approval Required?----- Yes

Planning Commission Approval Required?----- No

Engineer’s Approval Required?----- No

Law Director’s Approval Required?----- No

City Council Approval Required?----- No

Ordinance / Article / Section

Requirement / Proposal / Conclusion

08-16 56 56.4.1

Requirement: In the GC district, a medical marijuana dispensary must receive conditional approval from the Board of Zoning Appeals

Proposal: In 2018, a conditional use permit was issued for a medical marijuana dispensary. One condition was that no adult use/recreational marijuana could be sold. In 2024, the State of Ohio legalized adult use marijuana. The applicant wished to have the condition removed.

Conclusion: The proposal requires board approval



July 30, 2024



LICKING COUNTY TAX MAP



Board of Zoning Appeals
 C/o Engineering Dept.
 40 West Main St, 2nd Flr.
 Newark, Ohio 43055
 (740) 670-7727
 (740)349-5911 Fax

City of Newark
Board of Zoning Appeals
Application

Zoning File # _____
 BZA Application # BZA-24-33
 Date Received: 8/8/24
 Received by: GCC
 Amount Due: \$ \$75
 Receipt # _____

*DJ 8/12/24
 20C*

CITY OF NEWARK, OHIO | BOARD OF ZONING APPEALS

Rev. 8/13

Owner	
Name: Judson Kreager	Telephone: 740-403-6898
Address: 2084 Bracken Moor Dr	E-mail:
I would prefer to have agendas mailed rather than e-mailed <input type="checkbox"/>	
Applicant	
Name: Same as owner	Telephone:
Address:	E-mail:
I would prefer to have agendas mailed rather than emailed <input type="checkbox"/>	
Parcel	
Address of Parcel: 2095 Bracken Moor Dr	Auditor's Parcel Number: 054-305670-00.001
On the <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West side of the street, between the following intersections: and	
Subdivision Name:	Lot Number:
Zoning Classification: <small>If filling out electronically, click box to display dropdown</small> RL	Proposed Use: <small>If filling out electronically, click box to display dropdown (Specify Use):</small>
Appeal	
This Application is a request to permit the following: Erection <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Maintenance <input type="checkbox"/> Conversion <input type="checkbox"/> Conditional Use <input type="checkbox"/> In accordance with the plans filed herewith, describe the building or use:	
This project is not permitted by the Zoning Code for the following reason(s): A primary structure is required before an accessory structure	
Please outline the circumstances, which you feel would warrant a variance to the requirements of the Zoning Code:	
Has there been any previous application or appeal on these premises? <input type="checkbox"/> No <input type="checkbox"/> Yes When?	
This application is a request for modification of the requirements of the following Article(s)/Section(s) of the Zoning Code: <small>(List)</small> <p style="text-align: center;">86.3.1</p>	

Required Documents and Appeal Process Overview

- Call the Newark City Engineering Department to schedule an Engineering Review.**
Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
Note: A Zoning Reviewer signature is required. See Office Use Section below.
- Obtain a Real Estate Tax Map, and Auditor's Parcel Numbers**
(Obtain from: Licking County Engineers Office, 20 South 2nd Street(3rd Floor) (740)670-5280 or www.lcounty.com)
*Note: Submit 1 paper copy or 1 digital copy**
- Obtain a Project Site Plan**
*Note: Submit 1 paper copies and 1 digital copy**
Site plans must meet the following requirements:
 - Plan is drawn to scale
 - Shows the location of existing and proposed structures
 - Shows property and setback lines
 - Shows dimensions of structures and any other proposed improvements
 - Plans must show all parking, landscaping and signage requirements
- Obtain Building Elevations**
*Note: Submit 1 paper copies and 1 digital copy**
 - Elevation drawings show front, side and rear elevation measurements
 - Show the property as if the proposed project were already completed
 - All major exterior finish materials are identified
- Obtain Other Exhibits**
*Note: Submit 1 paper copies and 1 digital copy**
Include photos, information or data which the applicant deems necessary for proper consideration of the application. (See Newark Zoning Ordinance 08-33, Article 150.)
- Submit Original Board of Zoning Appeals Application and attachments given above**
Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
*Note: Submit 1 paper copy and 1 digital copy**
 - All questions are answered completely or N/A is noted
 - Notarized Owner signature is present
 - Owner authorization statement is present if using a Representative

Upon receipt of this Application and the required documents listed above, you will be notified of the date and time of the Hearing at which a representative must attend.
- Pay the Appropriate Application Fee: Residential \$75 Commercial or Multi-Family \$200**
Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
 - Check is made payable to the "City of Newark"
 - If the application is for an Off-Premise Variable Message Sign, the fee is \$150. See 150.4.1.(4)(5)
- Attend the Board of Zoning Appeals Meeting**
Newark City Council Chambers, 40 West Main Street (1st Floor)
Note: Meetings are held the fourth Thursday of each month at 5:30pm. Be prepared to answer Members' questions.
- A Decision Letter will be mailed to you after the meeting**
**Digital files should be submitted in PDF, TIF, or JPG format - on disk, or email to zoninspector@newarkohio.net*

(Owner/Applicant Signature)

Before me, a Notary Public in and for _____ County in the State of _____, personally appeared _____ who, by me being duly sworn, says that he is the **Applicant, Owner, or Lessee** (circle one) of the parcel of land with reference to which the within appeal is made; and that the statement of facts contained herein above is true. Subscribed and sworn to before me this _____ day of _____, 20_____. Notary Signature: _____

Do not write below this line- For Office Use Only

Status:	Date:	Zoning Reviewer:	Date Notified:
<input type="checkbox"/> Incomplete			
<input type="checkbox"/> Forward to BZA			
<input type="checkbox"/> Hold		Reason:	

BZA CASE NO. 24-33

Date of Review: 8/8/24

Address of Project: 2095 Bracken Moor Dr

Current Zoning: RL

Project Description: Accessory Structure

B.Z.A. Approval Required?----- Yes

Planning Commission Approval Required?----- No

Engineer’s Approval Required?----- No

Law Director’s Approval Required?----- No

City Council Approval Required?----- No

Ordinance / Article / Section

Requirement / Proposal / Conclusion

08-16 86 86.3.1

Requirement: In the RL district, a primary structure is required before you can build an accessory structure.

Proposal: The applicant is proposing to build a 40x70 barn

Conclusion: The proposal requires board approval



August 8, 2024

+ RailRoads

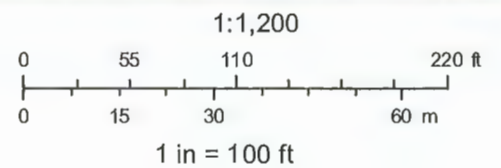
HydroLines

— ArtificialPath; Connector; StreamRiver

County Mask

Parcels

□ Building Footprints



Board of Zoning Appeals
C/o Engineering Dept.
40 West Main St, 2nd Flr.
Newark, Ohio 43055
(740) 670-7727
(740)349-5911 Fax

City of Newark
Board of Zoning Appeals
Application

Zoning File # _____
BZA Application # BZA-24-34
Date Received: 8/12/24
Received by: z.c.c
Amount Due: \$ _____
Receipt # _____

CITY OF NEWARK, OHIO | BOARD OF ZONING APPEALS

Rev 8/13

Owner	
Name: <u>Diane Gordon</u>	Telephone: <u>740 334 8101</u>
Address: <u>436 Revere Place</u>	E-mail: _____
I would prefer to have agendas mailed rather than e-mailed <input type="checkbox"/>	
Applicant	
Name: <u>David Lewis</u>	Telephone: <u>740 616 1829</u>
Address: <u>3621 London Hollow Rd.</u>	E-mail: <u>Actsroofing@outlook.com</u>
I would prefer to have agendas mailed rather than emailed <input type="checkbox"/>	
Parcel	
Address of Parcel: <u>436 Revere Pl</u>	Auditor's Parcel Number: <u>054-262452-00.000</u>
On the <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West side of the street, between the following intersections: and	
Subdivision Name: <u>Log Pond Run Acres</u>	Lot Number: <u>9081</u>
Zoning Classification: If filling out electronically, click box to display dropdown <u>RM</u>	Proposed Use: If filling out electronically, click box to display dropdown (Specify Use):
Appeal	
This Application is a request to permit the following: Erection <input type="checkbox"/> Alteration <input type="checkbox"/> Maintenance <input type="checkbox"/> Conversion <input type="checkbox"/> Conditional Use <input type="checkbox"/>	
In accordance with the plans filed herewith, describe the building or use: <u>Screen porch addition</u>	
This project is not permitted by the Zoning Code for the following reason(s): <u>rear set back</u>	
Please outline the circumstances, which you feel would warrant a variance to the requirements of the Zoning Code: <u>its a shallow lot</u>	
Has there been any previous application or appeal on these premises? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes When?	
This application is a request for modification of the requirements of the following Article(s)/Section(s) of the Zoning Code: (List) <u>16.8</u>	

BZA CASE NO. 24-34

Date of Review: 8/8/24

Address of Project: 436 Reverie PL

Current Zoning: RM

Project Description: Screened Porch

B.Z.A. Approval Required?----- Yes

Planning Commission Approval Required?----- No

Engineer’s Approval Required?----- No

Law Director’s Approval Required?----- No

City Council Approval Required?----- No

Ordinance / Article / Section

Requirement / Proposal / Conclusion

08-16 16 16.8

Requirement: In the RM district, the required rear yard setback is 35 feet.

Proposal: The applicant is proposing to build a screened in porch (10x16) reducing the rear yard setback to 23 feet.

Conclusion: The proposal requires board approval

436 Revrite Place

EXISTING HOUSE

new screen porch

16

23

Road

