CITY OF REYNOLDSBURG

MINUTES

BOARD OF ZONING AND BUILDING APPEALS
THURSDAY, APRIL 5, 2018 5:30 PM

PLACE: COUNCIL CHAMBERS
7232 E. MAIN ST, REYNOLDSBURG, OH 43068

A. CALL TO ORDER

PRESENT: Linder, Donovan, Darling
ABSENT: Rettke, Armstead

2. APPROVAL OF MINUTES

1. Board of Zoning and Building Appeals – Regular Meeting – March 15, 2018

RESULT:	**ACCEPTED**

3. APPROVAL OF AGENDA

Agenda stands approved.

4. SWEARING IN OF SPEAKERS

Speakers sworn in by Mr. Donovan.

B. PUBLIC COMMENT

Miriam Robbins: 873 Havendale Dr, Columbus, Ohio 43220. Good evening. I wanted to thank the Reynoldsburg Zoning Board for accommodating my request. I know this was a special meeting request and I appreciate you all being willing to be here at tonight's meeting. As you know, I'm here to request a special use exemption in order to purchase the building at 2002 Officeview Place in Reynoldsburg, Ohio. In order to present my case effectively and methodically I've prepared the following document that I would like to read and please feel free to ask questions any time you wish. Alcohol and drug addiction is a disease that strikes people in every walk of life and does not discriminate. Addicts come from all different cities, all economic classes, both genders, religions, races and ethnicities. More so than ever before the community has begun to recognize the opioid epidemic as a crisis as real and as urgent. Addicts do not choose to be addicted to their drugs of choice just as a person with cancer does not choose to have cancer or a person with asthma does not choose to be asthmatic. An addict does not choose to have an addiction to drugs or alcohol. What is true is that an addict chooses to pick up his or her drug of choice and to use it for the first time. As I'm sure you are all aware there are thousands of addicts in central Ohio who want to get clean and sober, but don't have an opportunity to participate in a treatment program because in central Ohio there are far too few options for treatment both out-patient and in-patient. The opioid epidemic in Ohio is extreme. In 2017 there were more than 500 over-dose deaths in Franklin County. Last week alone, in Franklin County, there were 18 over-dose deaths. So far in 2018 there have been nearly 1,000 emergency room suspected over-dose visits in Franklin County. Heroin, fentanyl, and prescription opioid pain pills are being abused with the vengeance. Alcohol, cocaine, crack, and

methamphetamines are coming back on the rise. Most addicts will say that using drugs or alcohol stopped being fun a long time ago and they want and need help to get clean or sober before they die. They will also lament that they have tried multiple times to get into treatment only to be told there is a waiting list that is several months long. The individual addict issue aside active addiction creates devastation for families and friends of the addict, as well as creating a serious community issue; therefore, I believe it's in the best interest of a community to support quality treatment because the problem will only get worse if not addressed. According to the World Health Organization for every dollar spent on treatment $7 is saved in societal costs. Ohio's Governor, John Kasich, has allowed for Medicaid expansion that includes drug and alcohol in-patient treatment to be paid for via Medicaid. Most private insurance companies are also beginning to provide coverage for in-patient, alcohol and drug treatment centers. Ohio and Franklin County have made thousands of dollars available for drug treatment in an effort to minimize the number of deaths, the demise of communities and the detrimental effects on families and on friends of addicts. The Sunshine and Serenity Center will be an in-patient, alcohol and drug rehabilitation center that houses primarily Franklin County residents. It will be located in or around Columbus, Ohio and definitely in Franklin County. The hope is that the address will be 2002 Officeview Place, Reynoldsburg, Ohio 43068. If this is the case I will prioritize Reynoldsburg clients to be accepted above other referrals when beds are available. The Sunshine and Serenity Center will be a voluntary, 16-bed, in-patient, drug and alcohol treatment center for women. All clients will be assessed to ensure they fit the eligibility criteria. Under no circumstances will sex offenders or arsonists be permitted in the center and only clients who have already completed the detoxification process will be accepted. The culture of the center for staff and clients will be one of respect, integrity, support, honesty, and accountability. Clients will be in the center from 30-days up to 1-year, depending on their individual needs. The center will provide high-quality treatment and each client will receive, at minimum, 30-hours of clinical services and activity per week. All clinical services will be provided by licensed professionals and as client's progress through their treatment and as her treatment team deems appropriate she will be permitted to attend activities outside of the center, such as doctors' appointments, out-patient counseling, family events, and other scheduled activities. The center will be a 24-hour operation. It will be staffed accordingly. Safety and security *inaudible for staff, clients, and the community will be of utmost importance. The center will be under camera surveillance at all times, inside and outside with only the exception of restrooms and bedrooms per code. Clients will receive regular urine screens and will be subjected to breathalyzer tests and security wanding when they return from the community and the center will have a zero tolerance for alcohol or drug use. The center will conduct regular contraband searches of clients, as well as of the building as a whole. Any client who violates major rules will be discharged from the center; however, it's important to note that incidents of violence or incidents involving security concerns very rarely take place in voluntary treatment centers. These people are there because they truly want help. In addition, the center will meet all required building and residential codes. The center will operate in accordance with all policies and procedures and will function in accordance with licensing agencies, specifically the Ohio Department of Mental Health and Addiction Services and the Ohio Department of Medicaid. I'm just going to give you some background information about myself as I would be the President of the center. I have a Bachelor's Degree in Sociology and Criminology from Ohio University and Master's Degree in Criminal Justice Administration from Tiffin University. I'm the author of a Comprehensive Cognitive Behavioral Program for offenders the responsible adult culture. I'm a national and

international trainer and consultant for this program. I've worked in the field of corrections, rehabilitation, and drug treatment for over 15-years, working in both state prisons and at a community based correctional facility. I've served as the Director of the CBCF for almost 4-years and I was responsible for overseeing the entire facility to include the supervision of 83-employees, 215-residents, and a 5.3 million dollar budget. I ensured that the facility followed all state and federal laws to include the EEOC, OCRC, FLSA, FMLA, ADA, Department of Labor, ORC, and OAC codes. In addition, drug treatment was provided as 99% of the residents at the CDCF were addicts. I have vast experience working with state and federal auditors and have a 100% track record of passing audits. I'm a past member of the National Association of Blacks and Criminal Justice in the American Correctional Association. I'm the recipient of a 2009 church award for civic duty, a national award given to someone who has done good service work in the community. In addition, I served as a member of the Franklin County Re-entry Coalition, as well as the Franklin County Criminal Justice Planning Board. I'm currently spending 100% of my time attempting to open the Sunshine and Serenity Center. The mission statement for the center would be the Sunshine and Serenity Center is committed to providing high quality in-patient drug and alcohol treatment services to those people who appear to be ready to become responsible adults by obtaining recovery. SSC will operate all services with integrity, empathy, fairness, security, consistency, and safety each and every day. It will put its clients' needs at the forefront of decisions and will treat its clients with a holistic and individual approach. Paramount to SSC's existence is safety of the community, staff, and clients. So, as a 24-hour facility I wanted to just mention what the staffing would look like. Obviously, it would be staffed 24-hours a day, but it requires that I would have a clinical director who would be a licensed, independent, chemical dependency counselor and a licensed independent social worker and will do clinical work and also supervise the other clinicians doing clinical work in the center. A counselor that would be a licensed social worker, as well as a licensed chemical dependency counselor and they will do individual work with clients. A case manager that would have a Bachelor's Degree. This person would assist clients with housing, appointments, linkage, and all other non-clinical issues. There would be security/advisors. Four of them, they would have at least a high school diploma and preferably a chemical dependency counselor assistant license and they will ensure the 24-hour/7-days a week coverage at SSC. There would also be a contract physician and this person will see clients on an as needed basis, maybe once a month to administer medicated assisted treatment medications, possibly do physicals and other medical things that the clients may need while they're in the treatment center. I would like to thank you for allowing me to read my statement and listening to me. I'm open to take any questions that the board may have. Thank you.

Mr. Donovan: My questions is access to the building. Is that going to be 24-hours in and out?

Miriam Robbins: No. Each client would be working with the treatment team, which would be comprised of the staff members that I mentioned, so there would be 4-people on each treatment team and that person would assess where that person is in their program and how well they're doing and if it's time for that person to go out in the community, so I'm guessing because it's not open yet, but in my experience somebody in early recovery may need 30 to 60 days before they ever go out into the community because they're just getting clean and starting to make better decisions, learning, getting treatment, and depending on how long a person would be there it would be later in their program that they would go out in the community and it would be for

scheduled times. It's not that they would go out just because they want to go out. It would be a verified doctor's appointment or it would be an activity that the center is doing. Maybe going to out-patient counseling because the importance of in-patient treatment and out-patient treatment is that there is a good segway from the two, so that they don't leave in-patient treatment and not have follow-up services, so we would like for them to get linked with those services while they're still in the center.

Mr. Donovan: When you say, in-patient and out-patient, is the out-patient mean that they have to get there and leave from there during the day?

Miriam Robbins: From the center?

Mr. Donovan: Yes.

Miriam Robbins: Yes, they would be staying the night at the Sunshine and Serenity Center and then later in their program as the treatment team saw fit they would be approved basically like on an approved itinerary for a period of time with a verified let's say doctor's appointment. If the appointment, for example is at 8:30 and it takes 15-minutes to get there they would leave the center at 8:15 and be expected to return after that. We would call and verify those appointments. Sometimes we would transport those clients. The plan is to buy a van for some of this transportation and not all of them will be going to any of those activities. It just depends what each person's needs are or where they're going to return when they successfully complete the center.

Mr. Donovan: My concept of out-patient is somebody comes there during the day and then leaves at night and then comes back the next day the same time and just spends a period of time there all the time and does not spend the night there.

Miriam Robbins: The center that I am asking to open is an in-patient treatment center.

Mr. Donovan: So, you won't have the out-patient stuff?

Miriam Robbins: I won't be doing the out-patient. I was just using that as an example later in their program that we would like to have a continuity of service so that these people leave the center and they've already started for a couple weeks, the out-patient, so they're comfortable, they know how to get there and there's not like a drop-off in services where they have a couple weeks after they get out and don't already have services that will help them stay clean and sober upon release. There are other out-patient centers all throughout Franklin County that are already providing those services. Some doctor's offices do it. Like it might not even be a specific alcohol and drug out-patient center. It could be any kind of social worker or therapist that they are already seeing or we would link them with.

Ms. Darling: What activities will you have for them other than just being in their rooms all day?

Miriam Robbins: One thing that is true about this population is down time is not a good thing typically, so they'll be in at least 30-hours of clinical treatment a day and also you can see in the

plans probably, maybe it's not outlined there, but there will be an exercise room. We'll also be focusing on nutrition and cooking. Both of those things, there's new information, new research coming out about those two things really impacting cravings and a lesser need to want to use, so those are two things in-house. I have some sewing activities and it could be going to the movies outside of the center in the van. Part of why I like this building, just logistically is the yard, so part of it is the intent to fence in the back area and making a garden and kind of teaching those types of skills because it's important also for this population to find things that they enjoy doing that are productive that don't have anything to do with alcohol and drugs. I think most addicts would say that they haven't done things that are fun, sober for a long time and aren't even quite sure what hobbies they enjoy, so part of the activities that I would like to do is expose them to several different activities to find things that they enjoy doing. Also, volunteer work for the community. I don't know what those needs would be at any given time, but certainly you would have 16-people that are more than willing to help give back. This is something I think you'll hear from some of the people talking that giving back is a huge part of recovery and the community, so I think that's definitely an option for the center.

Mr. Donovan: I do not see a designated smoking area on any of these drawings. Is that taken into consideration? Because you're going to have people that want to smoke.

Miriam Robbins: Yes, they will not smoke in the building and so the fenced in area would be part of that... when they're not on approved itinerary going out for an appointment they won't be leaving the building. They won't be loitering out front or outside that fenced area, so part of the reason to fence that in is so that they're enclosed in an area and they can go outside for a smoke break. If there are kids or families came to visit them they would visit in that enclosed area as well. Haven't gotten to this point because I want to see how this goes, but if there were some playground material or playgrounds for them to use with their children for visits and those kind of things, but all of that will take place in that fenced in area.

Ms. Darling: And your maximum capacity is 16?

Miriam Robbins: Yes mam.

Ms. Darling: How many people and staff do you plan on having for each shift, 1st, 2nd, 3rd?

Miriam Robbins: I don't have it broken down like that, but I can figure it out. As the president I'll be working different hours, but be there probably 50 and 60 hours a week. The clinical director will be there when the other counselors are there, so those are mostly going to be business hours. This will be like an exempt staff situation where they work when as needed. People in this business understand this is not an 8 to 5 job and people need to be there when they need to be there. So, during the day, also a case manager and a security person and then the contract physician on occasion, so during the day probably 5 or 6 people and then at night at least 2 at any given time.

Ms. Darling: Your security, who are you going to have for security? Obviously, we have our local Police Department, but I mean they're not going to...

Miriam Robbins: No.

Ms. Darling: Do you have your own security? Do you have your own people that are trained in this in case anything would happen?

Miriam Robbins: Yes, I would hire those people. In this business there's a lot of training available for crisis intervention. That's actually one of the crisis intervention is in itself is one of the.... crisis intervention is one of the things that Medicaid allows you to actually bill for. So, these people will be trained in crisis intervention. I can say just from my experience that what we learn and what we're taught is very much about verbal skills and deescalating situations. We also do are trained in like unarmed self-defense, but I really...

Ms. Darling: We all know that doesn't always happen though.

Miriam Robbins: What's that?

Ms. Darling: I said we all know that doesn't always happen to deescalate something. It can escalate very quickly. That's my concern.

Miriam Robbins: Yes, and so we do have the unarmed self-defense training and that's true for any, that's about as much training as anybody's going to get anywhere in treatment centers. I know I said this already, but I would reiterate that it's very infrequent because these people are going to be sober and want to be there. If they're not following rules they will leave. They will be made to leave, but I'm confident that I am able to have a staff and a center with a culture that is going to be helping of each other and it's not going to be a culture where that type of stuff is available. I think also, if you have a group of 16-women, in this case, and one person is having a problem or a bad day, based on the programming that we will have here, they're going to be teaching, we are going to be teaching them skills to express a complaint constructively to ask questions in an appropriate way to care for someone who's sad or upset. These things seem pretty simple to us as responsible adults, but they will be learning these things and expected to practice them, so I think between those two things the security and the facility will be well managed.

Ms. Darling: When you say they're going to be made to leave if they don't follow the rules are you just going to say, you're out of here? Find your own way home.

Miriam Robbins: No.

Ms. Darling: Or somebody's going to take them home or are they going to be hanging around Reynoldsburg?

Miriam Robbins: They're not going to be hanging around. No, I would not do that. Like I said, we will have a transportation van or if somebody picks them up, but we won't just push them out the door and ask them to find a way home so they're loitering outside.

Mr. Domini: Mr. Chairman, would you like to take any additional public comments because

we're still in the public comment period. It might help with any additional questions the board may have.

Pastor Linder: One thing, where is the closest, if you know, organization doing this same type of service? Are you aware?

Miriam Robbins: I'm aware of the other places. I don't know if I know the actual closest one.

Pastor Linder: Just in general.

Miriam Robbins: Grove City has an in-patient treatment center. Worthington has an in-patient mental health and drug treatment center. Dublin has a very large treatment center and then Columbus has several. Those are the ones that I'm aware of in surrounding suburbs and cities.

Pastor Linder: This was attracted to you because of the need. I know you mentioned at the beginning. Do you feel like we're under-serviced? Obviously, throughout central Ohio we are, but on the east side especially, is that what got your attention?

Miriam Robbins: That is what got my attention. At the CBCF is located off Alum Creek and Frebis, so it's on the east side of Columbus and so I worked there for 15-years and I became familiar with the east side. I moved out to the east side of Columbus and so I became very familiar with this area of town. I want to bring a service that will help this community. Having been around this part of town I have been aware of this area in Reynoldsburg specifically going downhill and even just paying attention on the news and I think that a center like this will be very helpful and I know that I can't fix the problem in that of myself. I know that it's one step in doing that, but I think bringing this service to this community is important. That said, I think any community in Franklin County as a whole, no community has enough centers. It's not only Reynoldsburg that needs it, it's all across Franklin County, but I'm just very familiar with this area. I've worked around it and lived in it and I think Reynoldsburg is a... I've learned even just through this process that Reynoldsburg is a tight-knit community and a community that is proud of their city and I think that's important also.

Mr. Domini: Is the center in Worthington, the one on 161, relatively new? That's actually the City of Columbus.

Mr. Donovan: Does anybody have any other public comment?

Andrea Bonny: 1791 Fishinger Rd, Columbus, Ohio. I'm a physician at Nationwide Children's Hospital who has been treating people addicted to opioids for the last 7-years and I just came to actually just speak a little bit on behalf of the patient population and my experience with them. When I moved to central Ohio 7-years ago, so I'm a trained pediatrician. I then am trained to take care of adolescents specifically, so I treat 12 to 22 year olds and when I came to central Ohio one of my partners was providing out-patient treatment for addiction and unable to meet the need, so I thought, well, I'll get myself trained. I'll help him out. Never in my life did I think I'd be taking care of this patient population and I have to say I've never looked back. It has been one of the most rewarding things I've ever done in my life. I came really just to be more of a

witness of the type of people who I think I would anticipate would come to an in-patient facility. The mean age of the patients I take care of is 19. They are mostly young adults. Even though I pediatric trained I take care young adults about to about 28 to 30 years old. What I can tell you in 7-years of taking care of them I never once have been worried about my safety. These are people unbelievably grateful for an opportunity and for the support that people are giving them and I can tell you that people who are voluntarily seeking help want help. They want to get better. Although there's a risk of escalation in any clinical situation I have no anticipation that this would be a risk out of the realm of any kind of medical facility. That's a risk in any medical facility and I've taken care of a lot of patient populations and I don't anticipate that this would be a bigger issue in this kind of situation. I just wanted to add that in terms of my experience with it. Thank you.

Ms. Darling: I have one question for you. What are the age ranges for the facility? Are you going to be treating teenagers as well, all the way up to adult?

Andrea Bonny: All adults. 18 and over.

Brooke Glinski: 1573 Burkey Ct, Reynoldsburg, Ohio. I'm in sobriety myself. I am not from Reynoldsburg. I came to Reynoldsburg into a sober community that Reynoldsburg offered and that program saved my life. I have 6-years clean now. I'm a homeowner. I'm an active member of this community. My son is out on these sporting fields every season, basketball, baseball, football. I love this community and I was very grateful for the opportunity that Reynoldsburg presented to me and then gave me a chance to plant myself and my family and live a good life. This is a great community. Being involved in AA and you know even in a sober community here I know that there are a lot of people who need more help. Obviously the community I was in its pretty much, it's very open. It's not like an in-patient, like Molly is trying to open. I know that the need for that is really important because there's a lot of people who still need to build themselves up before they get that freedom. To think that this community could offer that kind of thing to our residents especially I know it's hard to think about that kind of stuff being in the community, but it is there. I just really think that our community could grow from that. Thank you for your time.

Anita Clark: 5565 Saranac Dr, Reynoldsburg, Ohio. I've been in sobriety for the last 9-years, 6-months, and 5-days. The need for treatment is a demanding thing. My children are a victim of this. It is a family disease. It does not discriminate. There's such a need for housing for people, not only treatment centers. One gentlemen asked if there's a treatment center near here. If you're aware of the treatment center that is on 100 Noe-Bixby. It is a women's program, which after when I decided to get clean and at 53-years of age I went into Maryhaven to the detox. I did not have no place to go after that. I stayed with the Maryhaven program, which is a women's program, which is 6-months long. I stayed in treatment for almost 7-months until I was able to get a job and be a functioning member of society again. It is a very demanding need. People are dying left and right. This week alone it's the anniversary of both my sister and my best friend have passed due to this disease. Like I said, my son and my daughter are both in recovery. I house people at my home, my roommates. I do not run a sober home, but I run a sober housing facility. Everybody that lives in my house is sober. It's a problem that is here to stay unless we do something and educate people. We need more facilities like this. It's just heart-wrenching the

people that are affected by this, the families and everything. I know myself if it wasn't for a treatment facility I would probably be dead. Hopefully, you will decide to let this happen and as far incidents in facilities I was housed with several other people in a detox program and never once did we have a violent incident. When I went to the women's program on Noe-Bixby there was 30-women there and never once was there any altercations. Sometimes there was, you get around people and stuff on a daily basis, and you live with them on a daily basis, yes, there's some dislikes and stuff like that, but never was anybody ever had to be escorted out. I think this is a good deal for the community. Thank you.

Terri Farmer: 4525 Rodney Rd, Columbus, Ohio. I'm definitely behind this 110% because I stand here today because of a place just like this. I stand here today because of a place that I was able to go into like Molly was talking about. I went in there broken and I was always put into, they told me I had to go into institutions instead of treatment and an institution is not where I belonged. I needed to go into somewhere like that, so they could allow me to get my treatment for my disease. I wasn't a bad person. I was a sick person and I needed to get better and that's what they taught me. So, by learning that that's why I stand here today because the jails and the institutions is not what I needed and that's what they taught me. To fast forward a little bit, today I celebrate over 17-years sobriety. It was a long journey getting there. I was in and out for over 11-years and I couldn't get this deal. I am one of those that struggle with this disease like Anita talked about. Because of one of the places that Molly had talked about they gave me not only the place back a long time ago, that I got the help, but later on in my journey of sobriety because of the hard work that they taught me to do and not give up on myself and I continue to stay sober and work with others and build my dignity back up and continue working hard in the community. I continued to seek employment and be a better person and work at a job and better myself. I eventually worked into a correctional facility like that. So, with us, just like she's trying to open today. So, what I can tell you about that, you guys have been asking questions about and getting these answers is we don't, in this type situation, we are wanting to be there and we are wanting the help and we are wanting so badly to get sober and stay sober and learning about us and this disease. This environment that we are trying to learn so badly about what is causing us to do these things and stay this way and we want to get better and we're trying to work together and trying to get our loved ones back. Like others have said, it's like we're not trying to cause a hostile environment. We're really trying to work hard on ourselves. I can also tell you by working in that environment as well, as being an alcoholic and addict myself; I was involved as being staff over about 80-residents by myself. I wasn't scared. There was never any situations that I couldn't handle. They would come to me and say, Ms. Terri, can you help me? Ms. Terry, can we talk? They would ask me questions about, what can I do about this. That's the kind of rapport that an alcoholic can talk to one another about. That's what's cool about this disease that one on one conversations can really help each other. What I can tell you about a place like that, what helps alcoholics like me, is that I go from here, somebody that's down and out, and I went from that to this today. Today I can tell you that I have bettered myself over these years just because of a place like that, that gave me my dignity today. I sponsor women. I work for the City of Columbus. I got my own home back. I've got the love of my family back. My home group is in Reynoldsburg, the Church of the Nazarene. I open that building. They trust me to open that building. I love Reynoldsburg. I absolutely love it. That's my home group. I love Reynoldsburg. You guys are awesome and this is a perfect opportunity. This place, where she's talking about putting this place, is perfect. I was telling her, it's right on the bus line. The

area is perfect. I know for me when I first got sober I had to do what I had to do. I got on the bus to go to my meetings and everything is perfect about where she's talking about it. I just hope that what everything's been said today, I really hope that everything goes well with this whole situation because I think it's a great idea and I think it will help a lot of people. Thank you.

Joseph E. Moriarty: 107 Falkner Dr, Lithopolis, Ohio. I'm here to state my case to keep it a dance studio as it was built to be. I currently own the ML Dance Academy with my wife in Pickerington, Ohio. We're in our 5th season. We started in 2013. A little bit about myself, I'm a Pickerington native. I grew up doing Irish dancing. I fell in love with it at a very young age. In 1994, the Irish Dance Show River Dance came onto the scene. I became obsessed with it more or less. I auditioned for the show in 1996 at the age of 16 and I joined in 1997 at the age of 16. I left high school after my sophomore year from Pickerington. I toured from 1997 until June 2011, nearly 14-years on the road. I became a principal dancer in the show around 2000. I met my wife on tour. She was part of the Russian Folk Ballet in River Dance. It features Russian Folk Ballet, Spanish Flamenco, and American tap. So, she's a classically trained Russian Ballerina. I have known about Premiere Dance for a long time. It's a wonderful, wonderful building. It's perfect for us. Unfortunately, they became unfortunate circumstances to close. They were nearly in business 30-years. So, we currently have upwards of 200-students at our studio. It's a 10 to 12 minute drive, our studio to 2002 Officeview Place. I think it would be a perfect fit for us. We wouldn't have to change anything structurally to the building. It's a wonderful size for us. We have everything ordered to move on the project, so we are ready to go whenever a final decision has been made and we would just love to share our knowledge and love for dance with the community and keep that going. We have upwards of 30-years of professional dance experience with us. I just wanted to present that to the council and make you guys aware of this. If you have any questions for me feel free. Thank you so much.

C. UNFINISHED BUSINESS

None.

D. NEW BUSINESS

1. 2002 Officeview Place; Application #2018-0004; Applicant: Miriam Robbins; Special Exception Use Permit

Mr. Domini: I'm going to do something slightly different than what you're used to. Before we call the roll one thing I would like to do is kind of read some findings of fact and then I'm going to go through the actual considerations, special exceptions, and ask the board how you would see each of those conditions before calling the roll. Some finding of fact for the record, the application is being considered as a dwelling associated with a permitted use, so that is how the proposal is being evaluated under the current code of ordinances. Applicant has stated that in discussion today that residents would be anywhere from 30-days to one-year, that they would be tested regularly for drugs and alcohol. There would be on-site staff, both in terms of security and medical staff available for those that are in residence there. Medical treatment on-site, in-patient, and out-patient services available and about 16-maximum capacity in terms of those that would be residing there. So, I think those were some of the highlights from the testimony that you gave today. Not everything, but I'd say the key findings of fact.

Miriam Robbins: Can I add something to that?

Mr. Domini: Sure.

Miriam Robbins: We wouldn't be providing out-patient.

Mr. Domini: Correction for the record, just the in-patient care on that. So, one thing I'd like to do now is in your staff report on the second page you have the considerations and these are from the code of ordinances. So, what I would like to do is go through these. I'm going to read them out loud and when I do the roll call, depending on how you vote, yea or nay, please refer back to these in your determination. So, these are A through H:

(a) The proposed use shall be in harmony with the existing or intended character of the district and nearby affected districts and shall not change the essential character of the districts;

(b) The proposed use shall not adversely affect the use of adjacent property;

(c) The proposed use shall not adversely affect the health, safety, morals, or welfare of persons residing or working in the neighborhood;

(d) The proposed use shall be served adequately by public facilities and services such as, but not limited to, roads, police and fire protection, storm water facilities, water, sanitary sewer, and schools;

(e) The proposed use shall not impose a traffic impact upon the public right-of-way significantly different from that anticipated from permitted uses of the district;

(f) The proposed use shall be in accord with the general and specific objectives, and the purpose and intent of this Zoning Code and the Land Use Plan and any other plans and ordinances of the City;

(g) The proposed use complies with the applicable specific provisions and standards of this Code;

(h) The proposed use shall be found to meet the definition and intent of a use specifically listed as a special exception in the district in which it is proposed to be located, except as otherwise provided by this Zoning Code.

Mr. Domini: So, those are the considerations from the Reynoldsburg Code of Ordinances for special exceptions on all special exceptions. That is how this board is going to foresee all applications. Mr. Chairman would you like me to call the roll on the application?

Mr. Donovan: Sure.

Mr. Domini: With that, this roll call is for new business application #2018-0004. Starting the roll call, Pastor Linder.

Pastor Linder: No, based on 1145.09 A

Mr. Domini: Thank you. Mr. Donovan.

Mr. Donovan: No, based on 1145.09 A

Mr. Domini: And Ms. Darling.

Ms. Darling: I'm going to also vote no, based on 1145.09 A.

Mr. Domini: So, it's a not vote on the application. There are next steps in the application process, which staff would be happy to talk with you about and what happens after this. There is some involvement with council, so we can talk with you about those procedures and how that process would be happening moving forward. You can direct those questions to Andrew or myself after the meeting or we'll be available by phone call.

RESULT:	**DEFEATED [0 TO 3]**
NAYS:	Linder, Donovan, Darling
ABSENT:	Rettke, Armstead

E. OTHER BUSINESS

None.

F. ADJOURNMENT

Mr. Domini adjourned at 6:20 pm.

Eric Snowden

Chairman

Planning and Zoning Administrator