

To: Architectural Review Board

From: City Staff

Re: FDM-50-2026 – Nationwide Children’s Architectural & Signage Modification

Date: July 13, 2026

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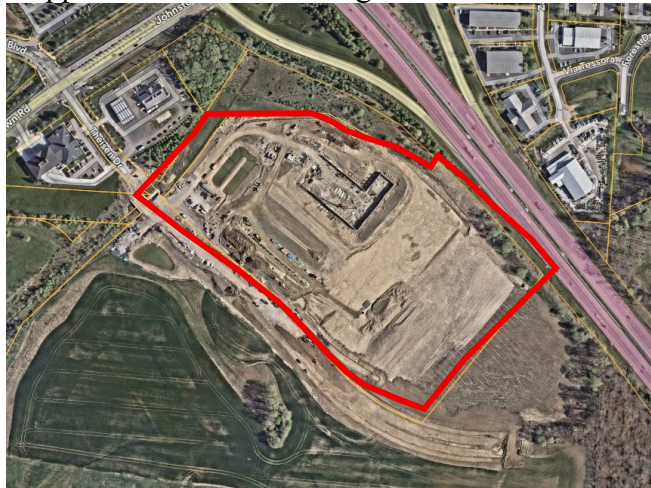
### **Final Development Plan Modification**

The applicant is requesting two modifications to the recently approved Nationwide Children’s Hospital final development plan (FDP-57-2025). This request will also be heard by the Planning Commission at their July 20<sup>th</sup> meeting.

#### Proposed Changes:

1. Raise the lower west parapet on Level 3 by approximately 8 feet to improve the visibility of the building signage; and
2. Relocate a previously approved wall sign to the Level 3 parapet.

The City Architect reviewed the proposed revisions and indicated that the changes are an improvement to the previously approved design, with no additional comments. Staff have no concerns with the requested modifications, as the increased parapet height provides a more appropriate architectural location for the approved wall sign, enhances its visibility, and results in a more balanced building composition. The proposed revisions remain consistent with the overall architectural character, design intent, and quality of the previously approved development and do not adversely impact the appearance of the building.



*Approved by the ARB*



*Proposed*



**ACTION**



Should the Architectural Review Board find that the application has sufficient basis for approval, the following motion is appropriate.

Move to approve application FDM-50-2026 with the following conditions:

1. All conditions from FDP-57-2025 shall still be met.



**Community Development Planning Application**

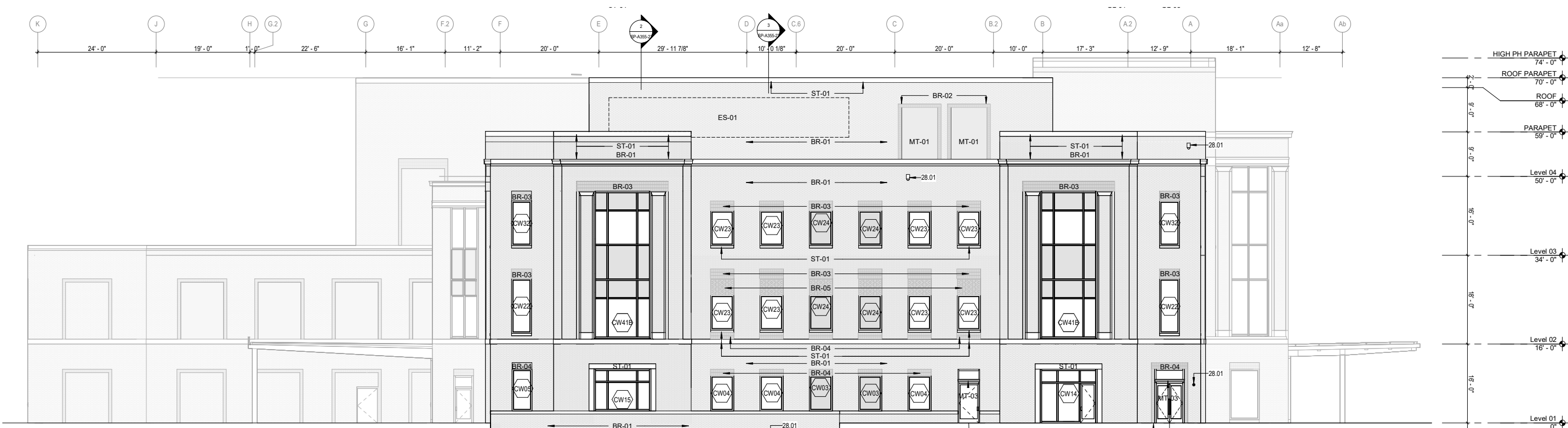
<b>Submission</b>	<p>Submit planning applications and all required materials via email to <a href="mailto:planning@newalbanyohio.org">planning@newalbanyohio.org</a></p> <p>Paper copies are not required at this time however, 12 paper copies of the entire submission will be required ahead of a board hearing date. The planner assigned to your case will inform you when the paper copies need to be delivered to our offices. Fee invoices will be issued to you once the application is entered.</p>																									
<b>Project Information</b>	<p>Site Address _____</p> <p>Parcel Numbers _____</p> <p>Acres _____ # of lots created _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Choose Application Type</th> <th>Description of Request:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Appeal</td> <td><input type="checkbox"/> Extension Request</td> </tr> <tr> <td><input type="checkbox"/> Certificate of Appropriateness</td> <td><input type="checkbox"/> Variance</td> </tr> <tr> <td><input type="checkbox"/> Conditional Use</td> <td><input type="checkbox"/> Vacation</td> </tr> <tr> <td><input type="checkbox"/> Development Plan</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Plat</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lot Changes</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Minor Commercial Subdivision</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Zoning Amendment (Rezoning)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Zoning Text Modification</td> <td></td> </tr> </tbody> </table>		Choose Application Type	Description of Request:	<input type="checkbox"/> Appeal	<input type="checkbox"/> Extension Request	<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Variance	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Vacation	<input type="checkbox"/> Development Plan		<input type="checkbox"/> Plat		<input type="checkbox"/> Lot Changes		<input type="checkbox"/> Minor Commercial Subdivision		<input type="checkbox"/> Zoning Amendment (Rezoning)		<input type="checkbox"/> Zoning Text Modification					
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<b>Signature</b>	<p>Site visits to the property by City of New Albany representatives are essential to process this application. The Owner/Applicant, as signed below, hereby authorizes Village of New Albany representatives, employees and appointed and elected officials to visit, photograph and post a notice on the property described in this application. I certify that the information here within and attached to this application is true, correct and complete.</p> <p>Signature of Owner _____  Date: _____</p> <p>Signature of Applicant _____  Date: _____</p>																									

Department Address: 7815 Walton Parkway • New Albany, Ohio 43054 • Phone 614.939.2254

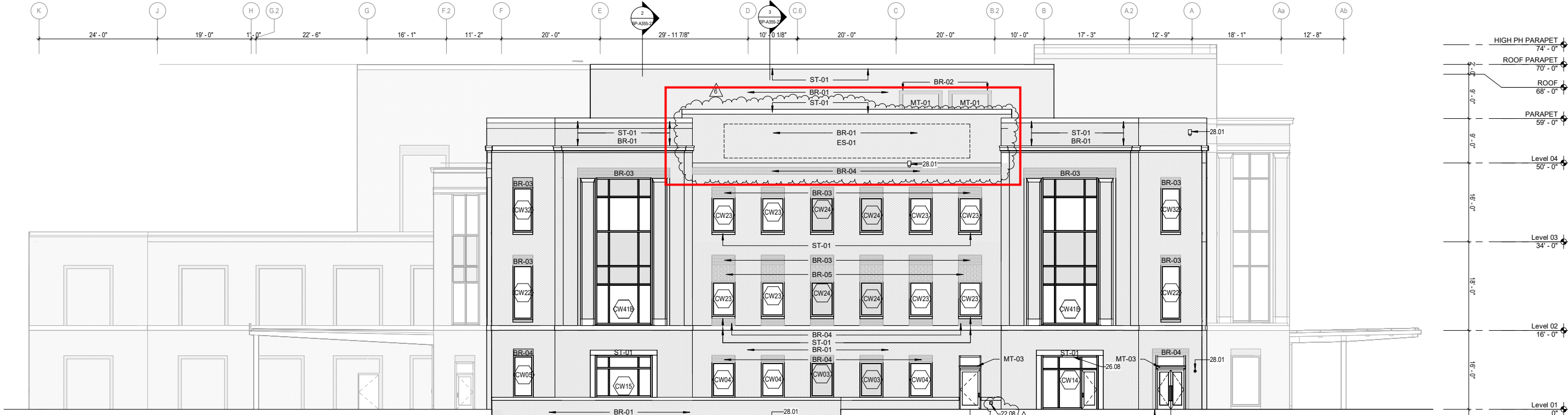
Mailing Address: 99 West Main Street • P.O. Box 188 • New Albany, Ohio 43054

# WEST FACADE PARAPET REVISION

NATIONWIDE CHILDREN'S HOSPITAL - NEW ALBANY CLOSE TO HOME



WEST ELEVATION - ORIGINAL DESIGN



WEST ELEVATION - PROPOSED DESIGN

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