

**WEST CHESTER TOWNSHIP, BUTLER COUNTY, OHIO
ZONING DEPARTMENT
9577 Beckett Road, Suite 100, West Chester, Ohio 45069
TELEPHONE: (513) 777-4214**

**SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR
AMENDMENTS TO THE WEST CHESTER TOWNSHIP LAND USE PLAN**

An application for an amendment to the West Chester Township Land Use Plan (LUP) submitted to the office of the West Chester Township Planning and Zoning Department must comply with the requirements and procedures outlined herein.

This packet contains a checklist of general and written requirements; application submittal forms; and addendums and examples which explain the land use plan amendment process. The checklist together with all required information and application forms must be submitted (originals) in complete and accurate form before the amendment will be processed by the Planning and Zoning Department.

The filing date of the application packet shall be the date on which all information submitted is examined by the Planning and Zoning Department and found to meet all the requirements as described in this packet. The closing date represents the final day on which an application will be accepted. After the closing date, the applicant cannot modify any portion of the information submitted unless specifically requested by the staff, Land Use Planning Committee or Board of Trustees. Early submission is therefore, highly recommended to assure placement on the agenda and adequate time for revisions and corrections. The office of the West Chester Planning and Zoning Department maintains a list of monthly meeting and closing dates.

Note: After review of the amendment application, the Land Use Planning Committee will present the proposed change to the West Chester Township Zoning Commission during one of its regularly scheduled meetings. The Zoning Commission will recommend approval, denial, or modification of the proposed change to the Land Use Planning Committee. The Land Use Planning Committee will then render an official recommendation to the West Chester Township Board of Trustees for the approval, denial, or modification of the proposed plan amendment.

**SUBMISSION REQUIREMENTS
FOR AN AMENDMENT TO THE
WEST CHESTER TOWNSHIP LAND USE PLAN**

FOR WEST CHESTER TOWNSHIP ZONING DEPARTMENT USE ONLY:

CORRIDOR STUDY OR AREA

DATE FILED:

MAP SECTION (S)

DATE RECEIVED:

TEXT PART (S)

RECEIVED BY:

1. GENERAL REQUIREMENTS

___ 1.1 PRE APPLICATION MEETING (DATE: ___/___/___ TIME: _____)

The applicant is to present the concept of a proposed plan amendment to the Zoning Department and to obtain and discuss the overall application process before submitting the application packet. Call 777-4214 for appointment. There will be no assurance at any time, implicitly or otherwise, regarding final staff recommendations to the appropriate hearing Committees and Boards about this application.

___ 1.2 SUBMISSION CLOSING DATE ___/___/___

FOR LAND USE PLANNING COMMITTEE MEETING IN MONTH OF _____

The application packet must be submitted to the office of the West Chester Township Zoning Department in person, no later than **THE CLOSING DATE**. Prior to submitting the application packet and necessary information, the applicant should revise proposed amendment as advised by the Zoning Department. After the closing date, the applicant cannot modify any portion of the information submitted unless specifically requested by the staff, Land Use Planning Committee or Board of Trustees. Early submission is recommended to assure placement on the agenda and adequate time for revisions and corrections. Incomplete or inaccurate applications will not be accepted for processing or be placed on the agenda for any hearings or meetings.

___ 1.3 APPLICATION FEE

An application fee for a Land Use Plan amendment shall be accompanied by a non-refundable payment to cover the costs of holding the public hearing thereon, including personnel costs, advertising and legal notices as required by law or otherwise in connection with said amendment.

Land Use Plan amendment cancellations must be submitted in writing to the West Chester Township Land Use Planner. There shall be no refund or part thereof once public notice has been given.

2. WRITTEN REQUIREMENTS

_____ 2.1 Application letter (Map Amendment)

Submit twenty (20) copies of a letter to the West Chester Township Zoning Department containing the following:

- a) Description of the proposed plan amendment.
- b) Explanation as to how one or more of the following amendment criteria apply to the proposed plan amendment.
 - that major changes of an economic, physical, or social nature have occurred within the planning area which were not anticipated in the adopted plan and which have substantially altered the basic character of the area.
 - that new information not available when the plan was adopted substantially alters the basis or rationale for a portion of the plan.
 - that major changes have occurred outside the planning area which have rendered parts of the plan unrealistic or unattainable.
 - that detailed sub-area plans have revealed the need for a plan amendment.
 - that the plan or part thereof was inappropriate or improper when adopted and that a sufficient basis exists for admission of a mistake or need for change in adopted plans or policies.
- c) Will this map and/or text change affect other maps and/or text sections of the Land Use Plan resulting in the need for further amendments?
- d) Explanation as to how the applicant is substantially affected by this plan.
- e) What is the benefit that the township or community as a whole will derive from this map and/or text change?
- f) What identified community goal or objective will be achieved by this map and/or text change?

_____ 2.2 Notification Requirements

Submit a listing of all property owners and addresses within 200 feet of the site boundaries of this proposed plan amendment.

____ 2.3 Application Form

Submit this application form completed and signed by the applicant(s).

3. GRAPHIC REQUIREMENTS (for Map Amendment only)

____ 3.1 Land Use Plan maps

Submit twenty (20) 8-1/2" x 11" copies of a map showing the location of the Land Use Plan amendment and vicinity.

INFORMATION SUBMITTED SHALL BE ASSUMED TO BE CORRECT AND APPLICANT AND/OR AGENT SHALL ASSUME RESPONSIBILITY FOR ANY ERRORS AND/OR INACCURACIES RESULTING IN AN IMPROPER APPLICATION.

DATE OF APPLICATION _____

NAME OF APPLICANT(S) _____

Signature _____

Address _____

Phone No. _____

**APPLICATION FOR LAND USE PLAN AMENDMENT
WEST CHESTER TOWNSHIP ZONING DEPARTMENT
9577 Beckett Road, Suite 100, West Chester, Ohio 45069
Telephone: (513) 777-4214**

FOR WEST CHESTER TOWNSHIP ZONING DEPARTMENT USE ONLY:

AMENDMENT # _____ DATE RECEIVED _____
DATE FILED _____
FEE RECEIPT # _____ RECEIVED BY _____

NOTE: THIS APPLICATION MUST BE TYPEWRITTEN. USE ADDITIONAL SHEETS IF NECESSARY

NAME OF APPLICANT _____

ADDRESS _____

PHONE NO. _____

FAX NO. _____

NAME OF PROPERTY OWNER (OF SUBJECT AMENDMENT)

ADDRESS _____

PHONE NO. _____

FAX NO. _____

LOCATION OF PROPERTY TO BE AMENDED:

SECTION _____ TOWN _____ RANGE _____ PARCEL _____

CORRIDOR STUDY OR AREA _____

MAP SECTION(S) _____

REQUEST PROPOSED LAND USE CHANGE FROM: _____ TO: _____

TEXT PART(S) _____

OWNER'S AFFIDAVIT

STATE OF OHIO
COUNTY OF BUTLER

I (we) _____ hereby certify that we are all of the owners of the real estate which is the subject of the pending zoning application; that we hereby consent to the Board of Trustees of West Chester Township rezoning the real estate from _____; to _____ and that we understand that our application will be considered and processed in accordance with the regulations as set forth by the West Chester Township Zoning Department and Zoning Resolution; that we agree to accept, fulfill and abide by those regulations and all stipulations and conditions attached to the approval of the amendment to the West Chester Land Use Plan. The statements and attached exhibits are in all respects true and correct to the best of my/our knowledge and belief.

Signature

Print Name

Mailing Address

City, State, Zip

Phone

Subscribed and sworn to before me this _____ of _____
20__.

Notary Public

Person to be contacted for details, other than signatory:

Name Address Phone No.