

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

**SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR  
MAP AMENDMENTS TO THE ZONING RESOLUTION**

An application for a map amendment to the Zoning Resolution submitted to the office of the West Chester Township Planning & Zoning Department must comply with the requirements and procedures outlined herein.

This packet contains a checklist of general, written, and graphic requirements; application submittal forms; and addendum and examples which explain the zoning amendment process. The checklist together with all required information, original application forms, and copies must be submitted 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, Zoning Commission 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 Township Planning and Zoning Department maintains a list of monthly meeting and closing dates.**

**SUBMISSION REQUIREMENTS  
FOR A MAP AMENDMENT TO THE  
WEST CHESTER TOWNSHIP ZONING RESOLUTION**

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**FOR WEST CHESTER TOWNSHIP PLANNING AND ZONING DEPARTMENT USE ONLY:**

CASE # \_\_\_\_\_

DATE RECEIVED:

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**1. GENERAL REQUIREMENTS**

\_\_\_\_ 1.1 **PRE-APPLICATION MEETING** ( DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_ )

The applicant is to present the concept of the proposed map amendment to the Planning and 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 Commission about this application.

\_\_\_\_ 1.2 **SUBMISSION CLOSING DATE** DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR BUTLER COUNTY PLANNING COMMISSION 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 CLOSE DATE**. Prior to submitting the application packet and necessary information, the applicant should revise proposed plans and/or zoning plat as advised by the Zoning Administrator. After the closing date, the applicant cannot modify any portion of the information submitted unless specifically requested by the staff, Zoning Commission 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 zoning map 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. Please make checks payable to West Chester Township.

Zoning amendment cancellations must be submitted in writing to the Planning and Zoning Department. **There shall be no refund or part thereof once public notice has been given.**

## 2. WRITTEN REQUIREMENTS

### \_\_\_\_\_2.1 **METES AND BOUNDS LEGAL DESCRIPTION**

Submit on a single 8 1/2" X 11" paper the following information:

- A. a metes and bounds description of the subject site;
- B. the amount of area contained within the site; and
- C. a statement, signed by a registered surveyor, certifying that the description of the property proposed to be rezoned, is a complete, proper and legal description thereof.

### \_\_\_\_\_2.2 **PROPERTY DEED**

Submit one copy of the deed to the subject property as filed in the Butler County Recorder's Office.

### \_\_\_\_\_2.3 **ADJACENT PROPERTY OWNERS FORM**

Complete and submit the original Adjacent Property Owners form (provided in this packet) containing the names, addresses and tax information of all parcels within two hundred (200) feet of the subject site.

### \_\_\_\_\_2.4 **DESCRIPTION OF REQUEST And REASONS FOR MAP AMENDMENT FORM**

Complete and submit the original Description of Request and Reasons for Map Amendment form (provided in this packet).

### \_\_\_\_\_2.5 **MAP AMENDMENT APPLICATION FORM**

Complete and submit the original Map Amendment Application form (provided in this packet).

### \_\_\_\_\_2.6 **APPLICANT'S AFFIDAVIT**

Complete and submit the original Affidavit (provided in this packet).

### \_\_\_\_\_2.7 **CHECKLIST OF REQUIREMENTS**

**Submit this checklist fully completed.**

**3. GRAPHIC REQUIREMENTS**

**3.1 ZONING PLAT**

Submit sixteen (16) **folded** copies of the zoning plat at a scale of one hundred (100) feet to the inch or larger containing the following information:

- \_\_\_ A. all existing property lines and parcel numbers for each parcel within the subject site and all property within and contiguous to and directly across the street from the exterior boundary of the subject tract, and the last name of the owners therein;
- \_\_\_ B. metes and bounds and dimensions of the subject property and the area contained therein (in acres);
- \_\_\_ C. existing zone district boundaries (shown in dashed lines with heavier line weight than property lines) and zone designations;
- \_\_\_ D. title, scale and north point (north shall be at the top of the plat);
- \_\_\_ E. area of proposed rezoning indicated by crosshatching or shading;
- \_\_\_ F. Street names and right-of-way lines with line weight heavier than property lines;
- \_\_\_ G. distance from subject property to nearest street intersection and/or section corner; and
- \_\_\_ H. stamp or seal and signature of engineer or surveyor.

**3.2 REDUCED ZONING PLAT**

Submit four (4) copies of the zoning plat reduced to an 11" x 17" sheet of paper. The information contained on the reduced version of the plat shall be the same as which is required above.

**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.**

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**Signature of person preparing this checklist      Phone #      Date Submitted**  
**(Applicant or Representative)**

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**Name Printed**

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

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**FOR WEST CHESTER TOWNSHIP PLANNING AND ZONING DEPARTMENT USE ONLY:**

CASE # \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

FEE RECEIPT # \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

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

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

NAME, ADDRESS & PARCEL NUMBER OF EACH PROPERTY OWNER OF RECORD  
WITHIN THE PROPERTY WHICH IS REQUESTED TO BE REZONED:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

REQUEST ZONE DISTRICT CHANGE FROM \_\_\_\_\_ TO \_\_\_\_\_ TOTAL ACRES \_\_\_\_\_

LOCATION OF PROPERTY TO BE REZONED:

SECTION \_\_\_\_\_ TOWN \_\_\_\_\_ RANGE \_\_\_\_\_  
PARCEL(S) \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

(MY) (OUR) INTEREST IN THE PROPERTY TO BE RECLASSIFIED IS AS:

OWNER \_\_\_\_\_ AGENT \_\_\_\_\_ LESSEE \_\_\_\_\_ OPTIONEE \_\_\_\_\_

APPLICANT \_\_\_\_\_  
Signature Address Phone Number

OWNER(S) \_\_\_\_\_

Signature Address Phone Number

**DESCRIPTION OF REQUEST AND REASONS FOR MAP AMENDMENT  
WEST CHESTER TOWNSHIP PLANNING & ZONING DEPARTMENT  
9577 Beckett Road, Suite 100, West Chester, Ohio 45069  
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**FOR WEST CHESTER TOWNSHIP PLANNING AND ZONING DEPARTMENT USE ONLY:**

CASE # \_\_\_\_\_

DATE RECEIVED:

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**NOTE: THIS APPLICATION SHOULD BE TYPEWRITTEN**

The area of land sought to be rezoned contains approximately \_\_\_\_\_ acres, having frontage of approximately \_\_\_\_\_ feet located (1) along the \_\_\_\_\_ side of \_\_\_\_\_ approximately \_\_\_\_\_ feet \_\_\_\_\_ of \_\_\_\_\_.  
Or (2) at the \_\_\_\_\_ corner of the intersection of \_\_\_\_\_ and \_\_\_\_\_.

**THE APPLICANT SHOULD PREPARE DEFINITIVE STATEMENTS REGARDING THE FOLLOWING: (USE ADDITIONAL SHEETS IF NECESSARY)**

- 1) What are the specific changes in the character and conditions of the area which have occurred to make the property no longer suitable or appropriate for the existing zoning classification or to make the property appropriate for the proposed zone district?
  
- 2) What is the benefit that the neighborhood or community as a whole will derive from this zone change?
  
- 3) Will the site be accessible from public roads which are adequate to carry the traffic that will be imposed upon them if the rezoning is granted, or will road improvements be required?
  
- 4) Has this rezoning been discussed with regard to traffic design with the Butler County Engineer's office? When? Who?
  
- 5) Is the property currently or can it be serviced by public sewer and water and can proper drainage be provided?
  
- 6) What is the anticipated proposed use property and character (architectural treatment) of the development?



**PROPERTY 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 \_\_\_\_\_; that we understand that our application will be considered and processed in accordance with the regulations as set forth by the West Chester Township Planning & 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 MAP amendments to the Zoning Resolution. As owner(s) of the real estate, which is the subject of the pending zoning application, I hereby consent to the West Chester Township Planning and Zoning Department temporarily placing a sign advertising the zoning request on the subject property. The statements and attached exhibits are in all respects true and correct to the best of my/our knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Phone

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Notary Public

Person to be contacted for details, other than signatory:

Name	Address	Phone Number
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