

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
ZONE MAP AMENDMENT TO A
PLANNED UNIT DEVELOPMENT DISTRICT**

An application for an amendment to the Zoning Resolution 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, 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
ZONE MAP AMENDMENT TO A
PLANNED UNIT DEVELOPMENT DISTRICT**

FOR WEST CHESTER TOWNSHIP PLANNING AND ZONING DEPARTMENT USE ONLY:

CASE # _____

DATE RECEIVED:

1. GENERAL REQUIREMENTS

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

The applicant is to present the concept of the map amendment and preliminary development plan 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.

The application packet must be submitted to the office of the West Chester Township Planning and Planning & Zoning Department in person, no later than **THE CLOSING DATE**. Prior to submitting the application packet and necessary information, the applicant should revise proposed plans and/or zoning plat as advised by the Planning and Zoning Director. After the applicant is to present the concept of the text 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 an 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 _____

___ 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 **PUD 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 one (1) copy 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.

3.3 PRELIMINARY DEVELOPMENT PLAN

Submit sixteen (16) folded copies of the Preliminary Development Plan (a single drawing at a scale of fifty (50) feet to the inch or larger--unless otherwise approved by the director) showing the items listed below:

- ___A. name of project, date, scale, north arrow, map title, (Preliminary Development Plan), total number of sheets and sheet number;
- ___B. name and title of applicant, present owner, etc.;
- ___C. vicinity map that identifies the site with reference to surrounding areas and to existing street locations;
- ___D. summary table indicating existing and proposed uses of facilities, proposed parking spaces, parking spaces required by the Zoning Resolution, floor areas and seating capacity(where applicable);
- ___E. existing property lines, right-of-way and utility easements for the entire tract and each parcel involved;
- ___F. location of existing zone boundaries of property and up to 200 feet outside subject site;

- ___G. existing contour lines (dashed) at five feet intervals or less on site and including 200 feet beyond (use two feet intervals where necessary to determine storm drainage), indicate source and date of data;
- ___H. front, side, and rear yard setbacks for all structures and parking areas;
- ___I. the use and approximate location of existing structures, pavements, sanitary and storm sewers, sidewalks and curbs, and other physical and natural features; structures to be demolished shown in dashed lines;
- ___J. base mapping of the property showing the physical features (general topography, drainage ways and water bodies, etc.) and existing land uses;
- ___K. boundaries of the tract to be developed on a planned unit basis;
- ___L. highways and streets in the vicinity of the tract, and ingress and egress to the tract;
- ___M. location of different general land use areas proposed to be developed;
- ___N. proposed density levels of each residential area and acreage and square feet of business uses;
- ___O. proposed treatment of existing topography, drainage ways and tree cover;
- ___P. proposed general location of major vehicular circulation, showing how this circulation pattern relates to the primary and secondary road alignments designated on the Butler County Thoroughfare Plan;
- ___Q. location of schools, parks and other community facility sites, if any;
- ___R. location of any school or fire station sites, if either are required by the Zoning Commission;
- ___S. time schedule of the projected development, if the total land holding is to be developed in stages, or if construction is to extend beyond a two year time period.

_____ **3.4 REDUCED PRELIMINARY DEVELOPMENT PLAN**

Submit four (4) copies of the preliminary development plan reduced to an 8 1/2" X 11 or 11" X 17" sheet of paper. The information contained on the reduced version 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.

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

**APPLICATION FOR A
ZONE MAP AMENDMENT TO A
PLANNED UNIT DEVELOPMENT DISTRICT**

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

FOR WEST CHESTER TOWNSHIP PLANNING AND ZONING DEPARTMENT USE ONLY:

CASE # _____

DATE RECEIVED: _____

FEE RECEIPT # _____

RECEIVED BY: _____

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 **-PUD**
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 A
ZONE MAP AMENDMENT FOR A
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NOTE: THIS APPLICATION MUST 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 _____.

PLEASE 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 of 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 I (we) agree to accept, fulfill and abide by those regulations and all stipulations and conditions attached to the approval of the Planned Unit Development. As owner(s) of the real estate which is the subject of the pending zoning application, I (we) 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

Signature

Print Name

Print Name

Mailing Address

Mailing Address

City and State

City and State

Phone

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