

**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
ROAD CORRIDOR OVERLAY 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 DESIGNATION OF A ROAD CORRIDOR OVERLAY DISTRICT
TO THE WEST CHESTER TOWNSHIP ZONING RESOLUTION**

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 Road Corridor Overlay Plan to the Zoning Administrator 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 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 & Zoning Director. 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 check 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 **PROPERTY OWNERS FORM**

Complete and submit the original Property Owners Form (provided in this packet) containing the name, address, and parcel number of each property owner of record within the area to be designated in the Road Corridor Overlay.

_____2.2 **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.

_____2.3 **ROAD CORRIDOR OVERLAY APPLICATION FORM**

Complete and submit the original the Road Corridor Overlay Application form.

_____2.4 **DESCRIPTION OF REQUEST AND REASONS FOR ROAD CORRIDOR OVERLAY FORM**

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

_____2.5 **CHECKLIST OF REQUIREMENTS**

Submit this checklist fully completed.

3. GRAPHIC/PLAN REQUIREMENTS

____ 3.1 ROAD CORRIDOR URBAN DESIGN PLAN

Submit sixteen (16) **folded** copies of the Road Corridor Urban Design Plan containing the following information:

- ___ A. Survey of the area to be included in the RCO District, showing property lines, existing zoning district boundaries, and property ownership of all parcels to be included with the RCO.
- ___ B. Base mapping of the area to be included in the RCO showing existing features of the properties, including: streets, alleys, easements, utility lines, existing land use and structures, and general topography and physical features.
- ___ C. Base mapping of the area to be included in the RCO showing the recommended land uses for all properties in the RCO, and plans for the entire area regarding pedestrian movement and vehicular access control.
- ___ D. Written or graphic requirements for building and structure setbacks, heights, maximum building coverage, and floor area ratios.
- ___ E. Written or graphic requirements for off-street parking and loading.
- ___ F. Written or graphics requirements for signage.
- ___ G. Written or graphic requirements for landscaping and screening between adjacent sites, and land uses.
- ___ H. Written or graphic requirements for the architectural character of buildings and structures and exterior lighting of streets, parking areas, buildings, and signs.
- ___ I. Written policy statements regarding recommended key public improvements necessary to achieve substantial elements of the plan.

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 DESIGNATION OF A
ROAD CORRIDOR OVERLAY 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 _____

REQUEST ROAD CORRIDOR OVERLAY DISTRICT DESIGNATION FOR THE FOLLOWING PROPERTY: SECTION ____ TOWN ____ RANGE ____

PARCEL(S) _____

PARCEL(S) _____

PARCEL(S) _____

PARCEL(S) _____

SECTION ____ TOWN ____ RANGE ____

PARCEL(S) _____

PARCEL(S) _____

PARCEL(S) _____

PARCEL(S) _____

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

OWNER _____ AGENT _____ LESSEE _____ OPTIONEE _____

APPLICANT _____
Signature
Address
Phone Number

**DESCRIPTION OF REQUEST AND REASONS FOR ROAD CORRIDOR OVERLAY
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:

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DATE RECEIVED:

NOTE: THIS APPLICATION SHOULD BE TYPEWRITTEN

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 appropriate for the proposed Road Corridor Overlay?

2) What is the benefit that the neighborhood or community as a whole will derive from this designation?

3) Has this overlay been discussed with regard to traffic design with the Butler County Engineer's office? When? Who?

4) What is the anticipated proposed use property and character (architectural treatment) of the overlay district?

APPLICANT'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 Road Corridor Overlay District. 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 _____ 2003

Notary Public

Person to be contacted for details, other than signatory:

Name Address Phone