

**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
TEXT AMENDMENTS TO THE ZONING RESOLUTION**

An application for a text 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 and written requirements; application submittal forms; and addendums 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 TEXT AMENDMENT TO THE
WEST CHESTER TOWNSHIP ZONING RESOLUTION**

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 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 _____

The application packet must be submitted to the office of the West Chester Township Planning and 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 Planning and 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 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 **DESCRIPTION OF REQUEST AND REASONS FOR TEXT AMENDMENT FORM**

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

_____2.2 **TEXT AMENDMENT APPLICATION FORM**

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

_____2.3 **CHECKLIST OF REQUIREMENTS**

Submit this checklist and application packet fully completed.

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)**

Date Submitted

Name Printed

**APPLICATION FOR ZONING TEXT AMENDMENT
TO THE ZONING RESOLUTION
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 TEXT AMENDMENT CHANGE TO ARTICLE(S) _____

SUBSECTION(S) _____

TYPE THE CURRENT LANGUAGE OF THE ARTICLE(S) AND/OR SUBSECTION(S) TO BE
AMENDED:

TYPE THE PROPOSED AMENDED VERSION OF THE ARTICLES(S) AND/OR
SUBSECTION(S) YOU ARE REQUESTING:

APPLICANT _____

Signature

Address

Phone Number

**DESCRIPTION OF REQUEST AND REASONS FOR TEXT AMENDMENT
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:

NOTE: THIS APPLICATION SHOULD BE TYPEWRITTEN

REQUEST TEXT AMENDMENT CHANGE TO ARTICLE(S) _____

SUBSECTION(S) _____

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

1) What specific changes have occurred to make the existing article or subsection of the Zoning Resolution no longer suitable or appropriate, or make the proposed amendment necessary?

2) What is the benefit that the township or community as a whole will derive from this text change?

3) In what ways will this text change serve to promote the public health, safety, and welfare of the residents of the township?

4) How will this text change conserve and protect property and property values throughout the township?

5) Will this text change affect other articles or subsections of the Zoning Resolution resulting in the need for further amendments?

6) What identified community goal or objective will be achieved by this text change?