

WEST CHESTER TOWNSHIP • BUTLER COUNTY • OHIO
COMMUNITY DEVELOPMENT DEPARTMENT
9577 Beckett Road Suite 100, WEST CHESTER, OHIO 45069
TELEPHONE: (513) 777-4214
www.westchesteroh.org

**SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR
ADMINISTRATIVE APPEAL
TO THE WEST CHESTER TOWNSHIP BOARD OF ZONING APPEALS**

An application for an Administrative Appeal to the Board of Zoning Appeals submitted to the West Chester Township Community Development Department must comply with the requirements and procedures outlined herein.

An Administrative Appeal must be made on this form, and filed with the Community Development Department within twenty (20) days of the date the decision, notice, or order was served. Inaccurate information may be grounds for dismissal of the appeal with prejudice by the Board of Zoning Appeals.

**SUBMISSION REQUIREMENTS
FOR AN ADMINISTRATIVE APPEAL
WEST CHESTER TOWNSHIP ZONING RESOLUTION**

FOR WEST CHESTER TOWNSHIP COMMUNITY DEVELOPMENT USE ONLY:

CASE # _____ DATE RECEIVED: _____

1. GENERAL REQUIREMENTS

Incomplete or inaccurate applications will not be accepted for processing or be placed on the agenda.

_____ 1.1 PRE-APPLICATION MEETING-DATE: ____/____/____-TIME: _____

It is recommended that the applicant meet with staff of the Community Development Department to discuss the appeal process at least 3 business days before submitting the appeal application.
Please call (513) 777-4214 for an appointment.

_____ 1.2 SUBMISSION CLOSING DATE: ____/____/____

This application must be filed within twenty (20) days of the date the decision, notice, or order was served.

_____ 1.3 APPLICATION FEE \$200.00-RESIDENTIAL
\$350.00 COMMERCIAL
MAKE CHECK PAYABLE TO:
WEST CHESTER TOWNSHIP

An application fee for an appeal 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 application.

Appeal cancellations must be submitted in writing to the Director of Community Development.
There shall be no refund or part thereof once public notice has been given.

2. WRITTEN REQUIREMENTS

_____2.1 **REFUSAL NOTICE/ZONING ORDER** (if applicable)

Submit one copy of the decision, notice or order that is being appealed.

_____2.2 **ADJACENT PROPERTY OWNERS FORM**

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

_____2.3 **DESCRIPTION OF REQUEST AND REASONS FOR APPEAL**

Complete and submit the Description of Request and Reasons for Appeal form (provided).

_____2.4 **ADMINISTRATIVE INTERPRETATION APPEAL APPLICATION FORM**

Complete and submit the Administrative Appeal Application form (provided).

_____2.5 **APPLICANT'S AFFIDAVIT**

Complete and submit the Affidavit (provided).

_____2.6 **CHECKLIST OF REQUIREMENTS**

Submit this checklist fully completed.

3. GRAPHIC REQUIREMENTS

_____ 3.1 **PLOT PLAN** (if applicable)

Submit two (2) copies of the plot plan drawn to scale, the finished size not larger than 24 X 36 inches, 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. the exact boundaries and dimensions of the subject lot (**this must be by actual survey unless waived by the Director of Community Development**).
- ___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. the size and location of all existing and proposed structures;
- ___F. the existing and proposed use of the entire lot and all structures;
- ___G. street names and right-of-way lines with line weight heavier than property lines;
- ___H. stamp or seal and signature of engineer or surveyor (**unless waived by the Director of Community Development**).

_____ 3.2 **REDUCED PLOT PLAN** (if applicable)

Submit sixteen (16) copies of the plot plan reduced to an 11" X 17" sheet of paper. The information contained on the reduced version of the plan shall be the same as that 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)

Date Submitted

Printed name of person preparing this checklist

**APPLICATION FOR AN ADMINISTRATIVE APPEAL
TO THE BOARD OF ZONING APPEALS
WEST CHESTER TOWNSHIP COMMUNITY DEVELOPMENT DEPARTMENT
9577 Beckett Road Suite 100, West Chester, Ohio 45069
Telephone: (513) 777-4214**

FOR WEST CHESTER TOWNSHIP COMMUNITY DEVELOPMENT USE ONLY:

CASE # _____

DATE RECEIVED: _____

FEE RECEIPT # _____

RECEIVED BY: _____

NOTE: THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED CLEARLY - USE ADDITIONAL SHEETS IF NECESSARY

NAME OF APPLICANT _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NO. _____ FAX NO. _____

EMAIL ADDRESS: _____

LOCATION OF PROPERTY (if applicable): SECTION ____ TOWN ____ RANGE ____

PROPERTY ADDRESS _____

FOR EACH PARCEL WITHIN THE SUBJECT PROPERTY PLEASE PROVIDE:

PROPERTY OWNER NAME	PROPERTY OWNER ADDRESS	PARCEL NUMBER

WHAT ADMINISTRATIVE DECISION ARE YOU APPEALING? _____

INTEREST IN THE ADMINISTRATIVE DECISION IS:
OWNER _____ AGENT _____ LESSEE _____ OPTIONEE _____

APPLICANT _____
Signature Address Phone Number

**DESCRIPTION OF REQUEST AND REASONS FOR
AN ADMINISTRATIVE APPEAL
WEST CHESTER TOWNSHIP COMMUNITY DEVELOPMENT DEPARTMENT
9577 Beckett Road Suite 100, West Chester, Ohio 45069
Telephone: (513) 777-4214**

FOR WEST CHESTER TOWNSHIP COMMUNITY DEVELOPMENT USE ONLY:

CASE# _____

DATE RECEIVED:

NOTE: THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED CLEARLY

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

- 1) Cite the decision/interpretation of the Community Development Department on which this appeal is made.

- 2) Cite the article and subsection of the West Chester Township Zoning Resolution or the page number of the zoning map which you feel has been interpreted incorrectly by the Community Development Department.

- 3) Why do you feel the decision/interpretation of the Community Development Department is in error?

- 4) How do you feel the article and subsections of the West Chester Township Zoning Resolution or Map in question should be interpreted or applied?

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 (if applicable) which is the subject of the pending Administrative Appeal application. I (we) hereby consent to the Board of Zoning Appeals of West Chester Township acting on our application. I (we) understand that our application will be considered and processed in accordance with the regulations as set forth by the West Chester Township Community Development Department and Zoning Resolution. I (we) agree to accept, fulfill and abide by those regulations and all stipulations and conditions contained in the decision entered by the Board of Zoning Appeals of West Chester Township or as attached to the real estate by the Board. I (we) authorize West Chester Township to place a Public Meeting notification sign on the property. I (we) authorize West Chester Township staff and board members to enter and inspect the property. The statements and attached exhibits are in all respects true and correct to the best of our knowledge and belief.

Signature

Printed Name

Mailing Address

City and State

Phone

Subscribed and sworn to before me this _____ day _____ 20__

Notary Public

Person to be contacted for details, other than signatory:

Name	Address	Phone
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