

**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
REVISED PRELIMINARY DEVELOPMENT PLAN**

An application to revise a Preliminary Development Plan submitted to the office of the West Chester Township Community Development Department must comply with the requirements and procedures outlined herein.

This packet contains a checklist of general, written, and graphic requirements and application submittal forms which explain the development plan 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 Community Development Department.

The filing date of the application packet shall be the date on which all information submitted is examined by the Community Development 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 Community Development Department maintains a list of monthly meeting and closing dates.**

**SUBMISSION REQUIREMENTS
FOR REVISED PRELIMINARY DEVELOPMENT PLANS
WEST CHESTER TOWNSHIP ZONING RESOLUTION**

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FOR WEST CHESTER TOWNSHIP COMMUNITY DEVELOPMENT 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 revised Preliminary Development Plan to the Community Development 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: ____/____/____

The application packet must be submitted to the office of the West Chester Township Community Development 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 Community Development Department. 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 (\$250.00)**

An application fee for a Preliminary Development Plan revision 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.

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 on which the revised preliminary development plan is located, 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 PREVIOUS ACTION INFORMATION

Submit one copy of all resolutions and minutes of previous meetings and hearings involving the original approval of the zone amendment to PUD District and any previously approved preliminary development plans.

_____2.4 REVISED PRELIMINARY DEVELOPMENT PLAN APPLICATION FORM

Complete and submit the original application form.

_____2.5 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.

_____2.6 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 REVISED PRELIMINARY DEVELOPMENT PLAN

Submit fourteen (14) **folded** copies of the Revised Preliminary Development Plan (a single drawing at a scale of fifty feet to the inch or larger--unless otherwise approved by the Community Development Department) showing the items listed below:

- ____ A. name of project, date, scale, north arrow (north shall be top of plan), 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. zone area of entire site, site (net) area excluding streets and right-of-ways;
- ____ F. existing property lines, right-of-way and utility easements for the entire tract and each parcel involved;
- ____ G. location of existing zone boundaries of property and up to 200 feet outside subject site;
- ____ H. 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;
- ____ I. front, side, and rear yard setbacks for all structures and parking areas;
- ____ J. 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;
- ____ K. base mapping of the property showing the physical features (general topography, drainage ways and water bodies, etc.) and existing land uses;
- ____ L. boundaries of the tract to be developed on a planned unit basis;
- ____ M. highways and streets in the vicinity of the tract, and ingress and egress to the tract;
- ____ N. location of different general land use areas proposed to be developed;
- ____ O. proposed density levels of each residential area and acreage and square feet of business uses;

- ___P. proposed treatment of existing topography, drainage ways and tree cover;
- ___Q. 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;
- ___R. location of schools, parks and other community facility sites, if any;
- ___S. location of any school or fire station sites, if either are required by the Zoning Commission;
- T. time schedule of the projected development, if the total landholding is to be developed in stages, or if construction is to extend beyond a two year time period.

_____3.2 **REDUCED PRELIMINARY DEVELOPMENT PLAN**

Submit eight (8) copies of the preliminary development plan reduced to an 11" X 17" sheet of paper. The information contained on the reduced version shall be the same as 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 Phone # Date Submitted
(Applicant or Representative)

Name Printed

**APPLICATION FOR REVISION TO PRELIMINARY DEVELOPMENT PLAN
WEST CHESTER TOWNSHIP COMMUNITY DEVELOPMENT DEPARTMENT
9577 Beckett Road, Suite 100, West Chester, Ohio 45069
Telephone: (513) 777-4214**

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FOR WEST CHESTER TOWNSHIP COMMUNITY DEVELOPMENT 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 _____

CITY/STATE/ZIP _____

PHONE NO. _____ FAX NO. _____ EMAIL. _____

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

1. _____

2. _____

3. _____

PUD ZONE DISTRICT APPROVED (DATE) _____ BY _____

LOCATION OF PROPERTY: SECTION ____ TOWN ____ RANGE ____
PARCEL(S) _____

PROPERTY ADDRESS _____

CITY/STATE/ZIP _____

(MY) (OUR) INTEREST IN THE PROPERTY:

OWNER ____ AGENT ____ LESSEE ____ OPTIONEE ____

APPLICANT _____
Signature Address/City/ST/Zip Phone Number

OWNER(S) _____
Signature Address/City/ST/Zip Phone Number

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 Zoning Commission of West Chester Township approving a development plan for the subject real estate. 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; that we agree to accept, fulfill and abide by those regulations and all stipulations and conditions attached to the approval of the minor revisions to PUD plans. 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 my/our knowledge and belief.

Signature

Printed Name

Mailing Address

City, State, Zip Code

Phone

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

Notary Public

Person to be contacted for details, other than signatory:

Name	Address/City/St/Zip	Phone
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