

**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](http://www.westchesteroh.org)**

**SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR  
CONDITIONAL USE REQUEST  
TO THE WEST CHESTER TOWNSHIP BOARD OF ZONING APPEALS**

An application for a Conditional Use to the Board of Zoning Appeals submitted to 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 as well as application submittal forms. The checklist together with all required information, original application forms and copies must be submitted in complete and accurate form before the application will be processed by the Community Development Department.

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 or Board of Zoning Appeals. If the application is deficient the case will not be placed on the agenda. Early submission is therefore highly recommended to assure placement on the agenda and adequate time for revisions and corrections.**

The West Chester Community Development Department maintains a list of monthly meeting and closing dates.

**SUBMISSION REQUIREMENTS  
FOR A CONDITIONAL USE TO THE  
WEST CHESTER TOWNSHIP ZONING RESOLUTION**

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**FOR WEST CHESTER TOWNSHIP COMMUNITY DEVELOPMENT USE ONLY:**

CASE # \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

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**1. GENERAL REQUIREMENTS**

**Incomplete or inaccurate applications will not be accepted for processing or be placed on the agenda for any hearings or meetings.**

\_\_\_\_\_ 1.1 PRE APPLICATION MEETING-DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_-TIME: \_\_\_\_\_

The applicant is to meet with staff of the Community Development Department to discuss the overall application process at least 3 business days before submitting the application packet. Please call (513) 777-4214 for an appointment. Final staff recommendations to the Board of Zoning Appeals about this application will be contained in the staff report.

\_\_\_\_\_ 1.2 SUBMISSION CLOSING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Prior to submitting the application packet and necessary information, the applicant should revise proposed plans and/or information as advised by the Director of Community Development. After the closing date, the applicant cannot modify any portion of the information submitted unless specifically requested by the staff or Board of Zoning Appeals. Early submission is recommended to assure placement on the agenda and adequate time for revisions and corrections.

\_\_\_\_\_ 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 refusal notice issued by the West Chester Township Code Enforcement Officer. Conditional Use applications may be made at any time on or before the closing date of each cycle.

### \_\_\_\_\_2.2 ADJACENT PROPERTY OWNERS FORM

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

### \_\_\_\_\_2.3 DESCRIPTION OF REQUEST AND REASONS FOR CONDITIONAL USE FORM

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

### \_\_\_\_\_2.4 CONDITIONAL USE APPLICATION FORM

Complete and submit the Conditional Use 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**

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**

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.**

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|   |                       |
|---|-----------------------|
| <b>Signature of person preparing this checklist<br/>(Applicant or Representative)</b> | <b>Date Submitted</b> |
|---|-----------------------|

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**Printed name of person preparing this checklist**

**APPLICATION FOR A CONDITIONAL USE  
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 |
|---------------------|------------------------|---------------|
|                     |                        |               |
|                     |                        |               |
|                     |                        |               |

REQUEST THE FOLLOWING CONDITIONAL USE: \_\_\_\_\_

INTEREST IN THE PROPERTY: OWNER \_\_\_\_\_ AGENT \_\_\_\_\_ LESSEE \_\_\_\_\_ OPTIONEE \_\_\_\_\_

APPLICANT \_\_\_\_\_

Signature

Address

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 (if applicable) which is the subject of the pending Conditional Use 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. I (we) authorize West Chester Township to place a Public Meeting Notification sign on the property. I (we) authorize 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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
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 |
|------|---------|-------|
|------|---------|-------|