

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
VARIANCE APPLICATION
TO THE WEST CHESTER TOWNSHIP BOARD OF ZONING APPEALS**

An application for a variance 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 VARIANCE TO THE
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: _____

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 shall be accompanied by a non-refundable fee to cover the costs of holding the public hearing thereon. 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.

_____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.

_____2.2 **DESCRIPTION OF REQUEST AND REASONS FOR VARIANCE FORM**

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

_____2.3 **VARIANCE APPLICATION FORM**

Complete and submit the Variance Application form (provided).

_____2.4 **APPLICANT'S AFFIDAVIT**

Complete and submit the Affidavit (provided).

_____2.5 **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 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.

**Signature of person preparing this checklist
(Applicant or Representative)**

Date Submitted

Printed name of person preparing this checklist

**APPLICATION FOR A ZONING VARIANCE
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	SUBJECT PARCEL(S) NUMBER

REQUEST VARIANCE FROM ARTICLE ____ SUBSECTION ____

INTEREST IN THE PROPERTY: OWNER ____ AGENT ____ LESSEE ____ OPTIONEE ____

APPLICANT _____

Signature

Address

Phone Number

**DESCRIPTION OF REQUEST AND REASONS FOR
A ZONING VARIANCE
(CONTINUED)**

- 5) Would granting this variance substantially alter the essential character of the neighborhood? If no, please explain.

- 6) Would granting this variance be detrimental to surrounding property? If no, please explain.

- 7) Would granting this variance adversely affect the delivery of governmental services? Please explain.

- 8) Did the property owner purchase the property with knowledge of the zoning restriction? If no, was the property owner aware that zoning existed in West Chester? If no, please explain.

- 9) Could other methods besides a variance allow the property to be used as desired? Please explain.

PROPERTY OWNER'S AFFIDAVIT

STATE OF OHIO
COUNTY OF BUTLER

I (we) _____
hereby certify that we are all of the owners of the property which is the subject of this Variance application. I (we) hereby consent to the Board of Zoning Appeals of West Chester Township acting on our application. 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

Printed 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
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