



**APPLICATION FOR MAJOR MAINTENANCE, BUILDING
REMODELING, FENCE, SIGN, ACCESSORY STRUCTURE, MISC.
TO THE ARCHITECTURAL ADVISORY COMMITTEE**

West Chester Community Development Department
9577 Beckett Road, Suite 100
West Chester, OH 45069
Ph: (513) 777-4214
www.westchesteroh.org

Applicant: _____

Case #: _____

INSTRUCTIONS

1. Please complete a Pre-application Meeting with staff prior to filling out this form.
2. Please reference Zoning Resolution Article 33, "Olde West Chester Road Corridor Overlay District," available online.
3. Please reference the "Olde West Chester Architectural Advisory Guidelines," available online.
4. Please reference the West Chester Architectural Advisory Committee filing deadlines and meeting schedules, available online.

GENERAL INFORMATION

This application must be typewritten or printed clearly. Thank you.

A. PRE-APPLICATION MEETING (Date: ___/___/___). A pre-application meeting must occur prior to submission and acceptance of this application.

B. APPLICANT CONTACT INFORMATION:

Applicant Name

Street

City, State, Zip

Telephone: _____

Is the Applicant the property owner? Yes (if Yes, skip to C) No

Owner Name

Street

City, State, Zip

Telephone: _____

C. PROPERTY PARCEL NUMBER: _____

D. PROPERTY ADDRESS: _____

E. NARRATIVE. Please describe the Olde West Chester project you plan to undertake:

F. PURPOSE OF THIS REQUEST. Please check all that apply and describe the work or action proposed. Use the “continuation” area below as necessary.

Roof _____

Repainting _____

Windows _____

Doors _____

Siding _____

Porch _____

Chimney _____

Fence _____

Awning _____

Sign _____

Accessory Structure _____

Other _____

Continuation: _____

G. CHECKLIST. Please submit the required plans, information, and materials stated in the Project Checklist governing your project.

PROPERTY OWNER'S AFFIDAVIT

STATE OF OHIO)
)ss:
COUNTY OF BUTLER)

I _____
certify that I am an owner of the property which is the subject of this application and that I am authorized to submit this application and make this affidavit on behalf of all owners of the property if more than one. I hereby consent to the Olde West Chester Architectural Advisory Committee to act upon this application. I understand that this application will be considered and processed in accordance with the regulations as set forth by the West Chester Township Community Development Department and the West Chester Zoning Resolution. I agree to accept, fulfill and abide by those regulations and all stipulations and conditions contained in the decision entered by the Olde West Chester Architectural Advisory Committee. I further affirm that the statements and information contained in this application are in all respects true and correct to the best of my knowledge and belief.

Signature

Printed Name

Mailing Address

City, State, Zip

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

Notary Public

APPLICANT'S AFFIDAVIT

STATE OF OHIO)
)ss:
COUNTY OF BUTLER)

I _____
am the applicant herein and consent to the Olde West Chester Architectural Advisory Committee to act upon this application. I understand that this application will be considered and processed in accordance with the regulations as set forth by the West Chester Township Community Development Department and the West Chester Zoning Resolution. I agree to accept, fulfill and abide by those regulations and all stipulations and conditions contained in the decision entered by the Olde West Chester Architectural Advisory Committee. I further affirm that the statements and information contained in this application are in all respects true and correct to the best of my knowledge and belief.

Signature

Printed Name

Mailing Address

City, State, Zip

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

Notary Public