



**APPLICATION FOR MAJOR USE CHANGE
TO THE WEST CHESTER ZONING COMMISSION**

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 Zoning Commission and 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: _____ email _____

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. ACCESS MANAGEMENT. Please review “Map 9” entitled “Proposed Access, Vehicular Circulation, and Parking” contained within the Olde West Chester Road Corridor Overlay Plan and describe how the project’s access and cross access meet that Plan. Please note that a recorded cross access easement is required to allow access through the Property by other parcel users and owners located in Olde West Chester:

G. USE INFORMATION. The current use of the property is:

- Residential
- Commercial
- Mixed Use

If Commercial or Mixed Use, please describe details of current use:

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

- Use change _____
- Roof _____
- Repainting _____
- Windows _____
- Doors _____
- Siding _____
- Porch _____

Chimney _____

Fence _____

Awning _____

Sign _____

Accessory Structure _____

Other _____

Continuation: _____

H. SITE PLAN. Please submit 20 to scale site plans **folded** with 11" x 17" sheet dimensions containing the following information:

1. Metes and bounds survey stamped by a registered surveyor/engineer showing property lines, structures to remain, proposed structures/ additions, parking, driveways, drive aisles, walkways, and accessory buildings
2. Setbacks distances
3. Parking and aisle dimensions
4. Title, scale and north arrow
5. Right of way lines
6. Street names
7. Sign locations including setback distances from right of way
8. Landscaping plan with plant identification key (this may be a separate page)

I. BUILDING ELEVATIONS. Please submit 20 to scale building elevation plans **folded** with 11" x 17" sheet dimensions containing the following information for all buildings:

1. Scale
2. Color renditions of each building elevation (front, back, sides). If no changes are proposed, color photos minimum 8.5" x 11" may be used instead
3. Description of building materials to be used (such as siding, roofing, paint color, gutters)
4. Description of new building features (such as windows, doors, porches, mailboxes, etc.)
5. Building dimensions

J. FLOOR PLAN. Please submit 20 to scale copies of the proposed interior floor plans **folded** with 11” x 17” sheet dimensions.

K. SIGNS.

1. ***Freestanding signs.*** Please submit 20 **folded** to scale plans with 11” x 17” sheet dimensions showing (a – f may be incorporated into H above):
 - a. Location of all new signs (or existing to remain)
 - b. Right of way lines
 - c. Frontage length along rights of way
 - d. Sign location
 - e. Sign setback dimensions
 - f. Scale
 - g. A color elevation of the sign showing dimensions, height from grade, and describing sign materials

2. ***Wall sign/awning.*** Please submit 20 **folded** to scale building elevations with 11” x 17” sheet dimensions showing (these may be incorporated into I above):
 - a. Building elevation on which the sign/awning will appear (alternatively, an image of the sign imposed on a digital photo of the building may be used here, minimum 8.5” x 11”)
 - b. Sign/awning location, appearance, dimensions (including depth) and color
 - c. Description of sign/awning materials
 - d. Dimensions of any wording on the awning
 - e. Dimensions of the building elevation(s) facing the public right of way
 - f. Scale

L. FENCE: Please include in the site plan the location of any proposed fencing. Provide a photo or drawing of the proposed fencing (minimum 8.5” x 11”) and description of the fence materials, and show the fence height.

M. PHYSICAL CONDITION ASSESSMENT SHEET. Please complete and return the attached Physical Condition Assessment Sheet.

N. APPLICATION FEE. The application fee must be submitted at the time of application. Please reference the published fee schedule online.

ADJACENT PROPERTY OWNERS
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 DEPARTMENT USE ONLY:

CASE # _____ DATE RECEIVED:

LIST ALL PROPERTY OWNERS WITHIN TWO HUNDRED (200) FEET OF SUBJECT PROPERTY.

<u>PROPERTY OWNER</u>	<u>TAX MAILING ADDRESS</u>	<u>PARCEL NUMBER</u>

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 West Chester Architectural Advisory Committee and the West Chester Zoning Commission 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 West Chester Zoning Commission. 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. I understand that subject to this approval, I must also apply for and receive a zoning certificate before undertaking any work.

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 West Chester Zoning Commission. 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. I understand that subject to this approval, I must also apply for and receive a zoning certificate before undertaking any work.

Signature

Printed Name

Mailing Address

City, State, Zip

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

Notary Public



Olde West Chester

Physical Condition Assessment



The following is a physical condition assessment of an existing structure located in Olde West Chester that is proposed for change. This assessment will assist in the review of the proposed change that will help determine if the proposed change is consistent with the design guidelines that have been set forth by the Olde West Chester Architectural Advisory Committee.

Address: _____ **Date of Assessment:** _____

WINDOWS
Describe current conditions:

Proposed conditions:
 No changes.
 The following changes are proposed:

ROOFING
Describe current conditions:

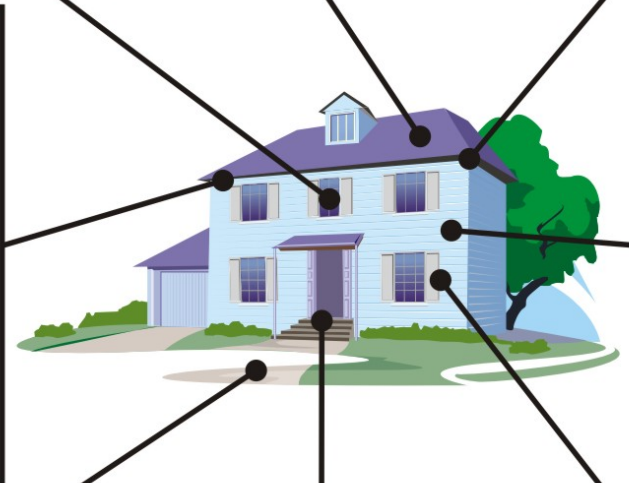
Proposed conditions:
 No changes.
 The following changes are proposed:

GUTTERS/DOWNSPOUTS
Describe current conditions:

Proposed conditions:
 No changes.
 The following changes are proposed:

SOFFITS
Describe current conditions:

Proposed conditions:
 No changes.
 The following changes are proposed:



SIDING
Describe current conditions:

Proposed conditions:
 No changes.
 The following changes are proposed:

WALKWAYS
Describe current conditions:

Proposed conditions:
 No changes.
 The following changes are proposed:

ENTRY *(porch, door, etc.)*
Describe current conditions:

Proposed conditions:
 No changes.
 The following changes are proposed:

EXTERIOR COLOR
Describe current conditions:

Proposed conditions:
 No changes.
 The following changes are proposed:

Name of individual providing assessment: _____