



Submission Instructions and Requirements for a
ZONING MAP AMENDMENT



An application for a Zoning Map Amendment 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 in addition to application submittal forms, which explain the Zoning Map Amendment process. The checklist together with all required information, original application forms, and copies must be submitted in its entirety before the application will be processed by the Community Development Department. If a request is submitted by the advertised Closing Date, which is maintained in the Community Development Department, and if it is deemed to be complete and accurate, the public hearing process will be begin and the appropriate meetings will be scheduled during the next available meeting for each board throughout the process. After the Closing Date, the Applicant cannot modify any portion of the information submitted, unless specifically requested by Staff or Zoning Commission. Therefore, early submission is highly recommended to assure placement on the agenda and adequate time for revisions and corrections.

REQUIRED PROCESS FOR A ZONING MAP AMENDMENT APPLICATION

As required by the Ohio Revised Code, Chapter 519.12

• ***BUTLER COUNTY PLANNING COMMISSION*** (Meetings are typically scheduled on the 2nd Tuesday of each month)

*Once a Zoning Map Amendment Application is submitted to the West Chester Township Community Development Department, a copy of the application will be forwarded to the Butler County Planning Commission. At their next available meeting, the application will be reviewed and a **recommendation** of approval, approval with conditions or denial will be issued by the Butler County Planning Commission. The recommendation will then be forwarded to the West Chester Township Zoning Commission.*

• ***WEST CHESTER TOWNSHIP ZONING COMMISSION*** (Meetings are typically scheduled on the 3rd Monday of each month)

*Within 30 days of the Butler County Planning Commission recommendation, the West Chester Township Zoning Commission will conduct a public hearing for the Zoning Map Amendment Application at their next available meeting, if the appropriate submittal deadlines have been met. The Zoning Commission will review the proposed application and take into consideration the recommendation of the Butler County Planning Commission. At the conclusion of the public hearing, the Zoning Commission will also issue a **recommendation** of approval, approval with conditions or denial. The recommendation will then be forwarded to the West Chester Township Board of Trustees for a final decision on the proposed Zoning Map Amendment.*

• ***WEST CHESTER TOWNSHIP BOARD OF TRUSTEES*** (Meetings are typically scheduled on the 2nd and 4th Tuesdays of each month)

*Within 30 days of the Zoning Commission Recommendation, the West Chester Township Board of Trustees will conduct a public hearing for the Zoning Map Amendment Application, which must be legally advertised a minimum of 10 days prior to the meeting. At the conclusion of the public hearing, the West Chester Board of Trustees will conduct a "**1st Reading**," at which time the application will be taken under advisement.*

*Within 20 days of the 1st Reading, the West Chester Township Board of Trustees will conduct a "**2nd Reading**," at which time a **final decision** on the Zoning Map Amendment Application will be made by the West Chester Township Board of Trustees.*

The 1st and 2nd Readings will be scheduled at separate, but typically consecutive, meetings of the West Chester Township Board of Trustees.



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1. GENERAL REQUIREMENTS CHECKLIST

- 1.1 - PRE-APPLICATION MEETING** (DATE: ____ / ____ / ____ TIME: _____ AM / PM)

The applicant is to present the concept of the Zoning Map Amendment to the Community Development Department, and to obtain and discuss the overall application process prior to submitting the application packet. **Call 777-4214 for appointment. Pre-application meetings MUST be conducted a minimum of 3 business days prior to the Submission Closing Date; However, it is recommended that the Pre-Application Meeting take place at least one week prior to submittal to allow sufficient time for any necessary adjustments.** There will be no assurance at any time, implicitly or otherwise, regarding final Staff comments or concerns presented to governing boards about this application.

- 1.2 - SUBMISSION CLOSING DATE** (DATE: ____ / ____ / ____)

The application packet must be submitted to the West Chester Township Community Development Department no later than the end of business day (4:30pm) on the advertised Submission Closing Date. A list of the advertised closing dates is available on the township website or in the Community Development Department. Prior to submission of the application packet and necessary information, it is recommended that the Applicant revise the proposed plans when necessary, as it is advised by Staff during the Pre-Application Meeting. After the closing date, the applicant cannot modify any portion of the information submitted, unless specifically requested by the Staff or the governing boards. **If it is determined by Staff, at any time, that an application packet is incomplete, or inaccurate, it will not be accepted for processing, or be scheduled for a public hearing.**

- 1.3 - APPLICATION FEE (\$750.00)**

The application packet for a Zoning Map Amendment 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 case. **Please make checks payable to West Chester Township.**



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2. WRITTEN REQUIREMENTS CHECKLIST

- 2.1 – METES AND BOUNDS LEGAL DESCRIPTION**
Submit on a single 8 ½" X 11" paper the following information:
- A. A metes and bounds description of the subject site; and
 - 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 proposed for the Zoning Map Amendment, is a complete, proper and legal description thereof.
- 2.2 – PROPERTY DEED**
Submit one (1) copy of the deed to the subject property as filed in the Butler County Recorder's Office.
- 2.3 – ZONING MAP AMENDMENT APPLICATION FORM**
Complete and submit the Zoning Map Amendment Application Form, which is included on Page 7 of this packet. *The application must be typewritten and all original forms must be submitted with the required original signatures.* This form should be attached to the front of the submittal.
- 2.4 – DESCRIPTION OF REQUEST AND REASONS FOR ZONING MAP AMENDMENT FORM**
Complete and submit the original Description of Request and Reasons for Zoning Map Amendment Form, which is included on Page 8 of this packet. *The form must be typewritten.*
- 2.5 – ADJACENT PROPERTY OWNERS FORM**
Complete and submit the Adjacent Property Owners Form, which is included on Page 9 of this packet. *The completed form must contain the name, tax mailing address and parcel information for all properties located within two hundred (200) feet of the subject site.* It is the Applicant's responsibility to provide a complete and accurate list. The Community Development Department will appropriately notify the adjoining property owners of the scheduled public hearing.
- 2.6 – PROPERTY OWNER'S AFFIDAVIT**
Complete and submit the Property Owner's Affidavit, which is included on Page 10 of this packet. If multiple property owners are involved, a separate Property Owner's Affidavit shall be submitted for each property owner. *All completed forms with the original signatures must be provided with the application.*
- 2.7 – CHECKLIST OF REQUIREMENTS**
Complete and submit all checklists fully completed.



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3. GRAPHIC REQUIREMENTS CHECKLIST

3.1 – ZONING PLAT

Submit eighteen (18) *folded* copies of the Zoning Plat on 24" x 36" size paper, unless otherwise approved by Staff. The plan shall be a single drawing at a scale of one inch equals one hundred feet (1"=100'), or larger, unless otherwise approved by Staff. The plan shall also be prepared for the owner/developer(s) by a professionally competent urban planner, professional engineer, architect or landscape architect; and shall include 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. Metes and bounds and dimensions of the subject property and the area (in acres) contained therein.
- C. Existing zone district boundaries (shown in dashed lines with a heavier line weight than property lines) and zone designations.
- D. Title, scale and north arrow (north shall be at the top of the plat).
- E. Area of proposed rezoning indicated by crosshatching or shading.
- F. Street names and right-of-way lines with a line weight heavier than property lines.
- G. Distance from subject property to nearest street intersection and/or section corner.
- H. Stamp or seal and signature of engineer or surveyor.

3.2 – REDUCED ZONING PLAT

Submit eleven (11) copies of the Zoning Plat reduced to an 11" x 17" sheet of paper.



Application for a
ZONING MAP AMENDMENT
 WEST CHESTER COMMUNITY DEVELOPMENT DEPARTMENT
 9577 BECKETT ROAD • SUITE 100 • WEST CHESTER, OHIO 45069-5014



A. APPLICANT INFORMATION NAME: _____ PHONE: () _____ - _____ ADDRESS: _____ CITY/ST/ZIP: _____ EMAIL: _____ APPLICANT IS THE: <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> OPTIONEE	DATE OF APPLICATION	CASE #
B. PROPERTY INFORMATION PROPERTY ADDRESS (IF ANY): _____ CITY/ST/ZIP: _____ SECTION: ____ TOWN: ____ RANGE: ____ PARCEL #: <u>M</u> _____ - _____ - _____ - _____ CURRENT USE OF PROPERTY (CHECK ALL THAT APPLY): <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> OTHER		
C. PROPERTY ZONING CURRENT ZONING OF PROPERTY: _____ REQUESTED ZONING OF PROPERTY: _____ TOTAL ACRES OF PROPERTY TO BE REZONED: _____	PAYMENT INFORMATION FEE AMOUNT: \$750.00 RECEIPT #: _____ RECEIVED BY: _____	
D. PROPERTY OWNER INFORMATION (LIST ALL PARCELS AND PROPERTY OWNERS THAT ARE INCLUDED WITH THIS APPLICATION)		
1. PARCEL #: <u>M</u> _____ - _____ - _____ - _____ NAME: _____ PHONE: () _____ - _____ ADDRESS: _____		
2. PARCEL #: <u>M</u> _____ - _____ - _____ - _____ NAME: _____ PHONE: () _____ - _____ ADDRESS: _____		
3. PARCEL #: <u>M</u> _____ - _____ - _____ - _____ NAME: _____ PHONE: () _____ - _____ ADDRESS: _____		
4. PARCEL #: <u>M</u> _____ - _____ - _____ - _____ NAME: _____ PHONE: () _____ - _____ ADDRESS: _____		
E. DESCRIPTION OF REQUEST _____ _____ _____ _____		

As the Applicant, I do hereby agree that I am the Property Owner, or I am submitting this application on behalf of the Property Owner with their knowledge and understanding. Furthermore, I hereby certify that the information and statements provided on this application, drawings and specifications are true and correct to the best of my knowledge and belief. I understand that all information submitted with this application will be assumed to be correct and the Applicant shall assume responsibility for any errors and/or inaccuracies resulting in an improper application.

Printed Name: _____ **Date:** _____
Applicant Signature: _____



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DESCRIPTION OF REQUEST AND REASONS FOR ZONING MAP AMENDMENT FORM

The area of land sought to be rezoned contains approximately _____ acres, having frontage of approximately _____ feet located (1) along the _____ side of _____, approximately _____ feet _____ from _____. Or (2) at the _____ corner of the intersection of _____ and _____.

THE APPLICANT SHOULD PREPARE DEFINITIVE STATEMENTS REGARDING THE FOLLOWING:

1. WHAT ARE THE SPECIFIC CHANGES IN THE CHARACTER AND CONDITIONS OF THE AREA WHICH HAVE OCCURRED TO MAKE THE PROPERTY NO LONGER SUITABLE OR APPROPRIATE FOR THE EXISTING ZONING CLASSIFICATION OR TO MAKE THE PROPERTY APPROPRIATE FOR THE PROPOSED ZONE DISTRICT?
2. WHAT IS THE BENEFIT THAT THE NEIGHBORHOOD OR COMMUNITY AS A WHOLE WILL DERIVE FROM THIS ZONE CHANGE?
3. WILL THE SITE BE ACCESSIBLE FROM PUBLIC ROADS WHICH ARE ADEQUATE TO CARRY THE TRAFFIC THAT WILL BE IMPOSED UPON THEM IF THE REZONING IS GRANTED, OR WILL ROAD IMPROVEMENTS BE REQUIRED?
4. HAS THIS REZONING BEEN DISCUSSED WITH REGARD TO TRAFFIC DESIGN WITH THE BUTLER COUNTY ENGINEER'S OFFICE? WHEN? WHO?
5. IS THE PROPERTY CURRENTLY OR CAN IT BE SERVICED BY PUBLIC SEWER AND WATER AND CAN PROPER DRAINAGE BY PROVIDED?
6. WHAT IS THE ANTICIPATED PROPOSED USE PROPERTY AND CHARACTER (ARCHITECTURAL TREATMENT) OF THE DEVELOPMENT?



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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 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 Final Development Plan. 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:

Printed Name

Address/City/St/Zip

Phone