

**CITY OF SPRINGDALE, OHIO
SPRINGDALE BUILDING DEPARTMENT
11700 SPRINGFIELD PIKE – SPRINGDALE OH 45246
TELEPHONE: (513) 346-5730
FAX: (513) 346-5747**

SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR VARIANCE REQUEST

An application for a variance from the Zoning Code to the Board of Zoning Appeals submitted to the Office of the City of Springdale Building 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 and application forms, must be submitted (originals) in **complete and accurate form before the Variance Request will be processed by the Building Department.**

The filing date of the application packet shall be the date on which all information submitted is examined by the Building Department Staff and found to meet all the requirements as described in this packet. The schedule below lists the closing dates for the filing of applications and corresponding hearing dates for each cycle. The closing date represents the final date 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. Early submission is therefore highly recommended to assure placement on the agenda and adequate time for revisions and corrections.**

2009 -2010 CLOSING DATES AND SCHEDULES OF MEETINGS

<u>DUE DATE</u>	<u>BOARD OF ZONING APPEALS</u>
November 3, 2009	November 17, 2009
December 1, 2009	December 15, 2009
January 5, 2009	January 19, 2010
February 2, 2010	February 16, 2010
March 2, 2010	March 16, 2010
April 6, 2010	April 20, 2010
May 4, 2010	May 18, 2010
June 1, 2010	June 15, 2010
June 6, 2010	July 20, 2010
August 3, 2010	August 17, 2010
September 7, 2010	September 21, 2010
October 5, 2010	October 19, 2010
November 2, 2010	November 16, 2010
December 7, 2010	December 21, 2010

ALL MEETINGS ARE HELD IN THE CITY COUNCIL CHAMBERS AT 11700 SPRINGFIELD PIKE, SPRINGDALE, OH AT 7:00 P.M. AT THE HEARING YOU WILL BE EXPECTED TO EXPLAIN YOUR REQUEST AND GIVE REASONS AS TO THE NECESSITY FOR A VARIANCE AND PRESENT ANY OTHER WITNESSES TO GIVE TESTIMONY. ANY OTHERS IN ATTENDANCE WILL ALSO BE GIVEN THE OPPORTUNITY TO GIVE TESTIMONY. THE APPLICANT OR A REPRESENTATIVE IS EXPECTED TO BE PRESENT AT THE MEETING. LACK OF REPRESENTATION BY THE APPLICANT MAY RESULT IN THE REQUEST BEING TABLED TO THE NEXT MEETING. HOWEVER, A DECISION COULD BE MADE WITHOUT THE BENEFIT OF THE APPLICANT'S INPUT.

APPLICATION FOR A ZONING VARIANCE TO THE
BOARD OF ZONING APPEALS
CITY OF SPRINGDALE BUILDING DEPARTMENT
11700 SPRINGFIELD PIKE – SPRINGDALE OH 45246
TELEPHONE: (513) 346-5730
FAX: (513) 346-5747

FOR THE CITY OF SPRINGDALE BUILDING DEPARTMENT USE ONLY:

ZONING DISTRICT _____ DATE RECEIVED _____

APPLICATION NUMBER _____

NOTE: THIS APPLICATION MUST BE TYPEWRITTEN OR CLEARLY PRINTED. USE
ADDITIONAL SHEETS IF NECESSARY

ADDRESS OF SUBJECT PROPERTY _____

NAME OF APPLICANT _____

ADDRESS _____ PHONE NO. _____

CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF EACH PROPERTY OWNER(S) OF THE SUBJECT PROPERTY:

1. _____

2. _____

3. _____

DESCRIBE THE NATURE OF YOUR REQUEST _____

(MY)(OUR) INTEREST IN THE SUBJECT PROPERTY IS:

OWNER _____ AGENT _____ LESSEE _____ OPTIONEE _____

APPLICANT _____
Signature Address Phone Number Fax Number

OWNER(S) _____
Signature Address Phone Number

OWNERS' AFFIDAVIT

STATE OF OHIO, COUNTY OF HAMILTON

I(we) _____
hereby certify that we are all of the owners of the real estate which is the subject of the Variance Request, that we hereby consent to the Board of Zoning Appeals of the City of Springdale acting on the request 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 City of Springdale Building Department and Zoning Code; that we agree to accept, fulfill and abide by those regulations and all stipulations and conditions attached to the property by the Board of Zoning Appeals of the City of Springdale. The statements and attached exhibits are in all respects true and correct to the best of my/our knowledge and belief.

Signature

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

**SUBMISSION REQUIREMENTS FOR VARIANCES
TO THE CITY OF SPRINGDALE ZONING CODE**

I. GENERAL REQUIREMENTS

__1.1 SUBMISSION CLOSING DATE (DATE: __/__/__)

The application packet must be submitted to the office of the City of Springdale Building Department no later than the due date. Prior to submitting the application packet and necessary information, the applicant should revise the proposed plans and/or information as advised by the Building Official. 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. **Incomplete or inaccurate applications will not be accepted for processing or be placed on the agenda for any hearings or meetings.**

Variance Application Cancellations must be submitted in writing to the Building Official.

2. WRITTEN REQUIREMENTS

__2.1 REFUSAL NOTICE/ZONING ORDER (if applicable)

Submit one (1) copy of the refusal notice issued by the City of Springdale Building Official. An appeal of a refusal notice or zoning order must be filed within twenty (20) days of the date the refusal notice or zoning order is issued. **Appeals in cases where the Board has original jurisdiction under the Zoning Code may be made at any time before the closing date of each cycle and do not require the submittal of a refusal notice or zoning order.**

__2.2 VARIANCE APPLICATION FORM

Complete and submit the original and one (1) copy of the Variance Application form (provided).

__2.3 OWNER'S AFFIDAVIT

Complete and submit the original and one (1) copy of the Affidavit (provided).

__2.4 DESCRIPTION OF REQUEST AND REASONS FOR VARIANCE FORM

Complete and submit the original and one (1) copy of the Description of Request and Reasons for Variance form (provided in this packet).

__2.5 CHECKLIST OF REQUIREMENTS

Submit this checklist fully completed.

3. GRAPHIC REQUIREMENTS

__3.1 SITE PLAN (if applicable)

Submit ten (10) copies of the plot plan **drawn to scale**; the finished size should be not larger than 24 x 36 inches and contain the following information:

- __A. All existing property lines for each parcel within the subject site, and the last name of the owners therein;
- __B. The exact boundaries and dimensions of the subject lot;
- __C. Title, scale and address of the property;
- __D. The size and location of all existing and proposed structures;
- __E. Street names and right of way lines.
- __F. Setback distances from property lines to structures if applicable to the request

__3.2 REDUCED PLOT PLAN

Eight (8) of the 10 required copies of the plot plan may be reduced to an 11" x 17" sheet of paper in lieu of 8 of the above full size drawings, provided they are legible. The information contained on the reduced version of the plan shall be the same as that required above.

__3.3 DETAILED DRAWINGS

Ten (10) copies of any drawings which help to describe the request before the Commission, (i.e. Floor Plans, Building Elevations, Sign Drawings, Etc.)

__3.4 PHOTOGRAPHS

Provide photographs if they will help to clarify your request to the Board.

__3.5 SUPPORTING INFORMATION

Provide any other supporting information which will assist the Board in understanding and evaluating your case (i.e. brochures, literature, etc.)

INFORMATION SUBMITTED SHALL BE ASSUMED TO BE CORRECT, AND APPLICANT AND/OR AGENT SHALL ASSUME RESPONSIBILITY FOR ANY ERRORS AND/OR INACCURACIES IN AN IMPROPER APPLICATION.

Signature of person preparing this checklist
(Applicant or Representative)

Date Submitted

