

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

<b>SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR ZONING MAP AMENDMENTS</b>
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An application for a Zone Map Amendment to approval submitted to the office of the Springdale Building Department must comply with the requirements and procedures outlined herein.

This packet contains a checklist of general, written, and graphic requirements and application submittal forms which explain the Zone Map Amendment process. The checklist together with all required information and application forms, must be submitted (originals) in complete and accurate form before the request will be processed by the Springdale Building Department.

The filing date of the application packet shall be the date on which all information submitted is examined by the Building Official and staff and found to meet all the requirements as described in this packet. The schedule below lists the closing dates for the filing of application and corresponding hearing dates for each cycle. **After the closing date, the applicant cannot modify any portion of the information submitted unless specifically requested by the staff, Planning Commission or City Council. Early submission is therefore, highly recommended to assure placement on the agenda and adequate time for revisions and corrections.**

**2008 CLOSING DATES AND SCHEDULES OF MEETINGS**

<b><u>DUE DATE</u></b>	<b><u>PLANNING COMMISSION</u></b>
January 14, 2008	February 12, 2008
February 11, 2008	March 11, 2008
March 10, 2008	April 8, 2008
April 14, 2008	May 13, 2008
May 12, 2008	June 10, 2008
June 9, 2008	July 8, 2008
July 14, 2008	August 12, 2008
August 11, 2008	September 9, 2008
September 15, 2008	October 14, 2008
October 13, 2008	November 11, 2008
November 10, 2008	December 9, 2008

**NOTE: THE APPLICANT OR A REPRESENTATIVE WILL BE EXPECTED TO BE IN ATTENDANCE ON THE SCHEDULED MEETING DATE AT 7:00 P.M. IN THE CITY COUNCIL CHAMBERS AT THIS ADDRESS UNLESS ADVISED OTHERWISE BY THE BUILDING DEPARTMENT**

**SUBMISSION REQUIREMENTS FOR  
ZONE MAP AMENDMENTS  
CITY OF SPRINGDALE ZONING CODE**

FOR CITY OF SPRINGDALE BUILDING DEPARTMENT USE ONLY:

CASE # \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**1. GENERAL REQUIREMENTS**

\_\_\_ 1.1 SUBMISSION CLOSING DATE (DATE: \_\_\_/\_\_\_/\_\_\_)

The application packet must be submitted to the office of the Springdale Building Department no later than the due date. Prior to submitting the application packet and necessary information, the applicant should revise proposed plans and/or zoning plat as advised by the Building Official and staff. After the closing date, the applicant cannot modify any portion of the information submitted unless specifically requested by the staff or Planning Commission. 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 meetings.**

\_\_\_ 1.2 APPLICATION FEE (\$500.00 – MAKE CHECK PAYABLE TO CITY OF SPRINGDALE)

An application for a Zone Map Amendment plan shall be accompanied by an application fee to cover the costs of personnel review costs, advertising and legal notices as required by law or otherwise in connection with said amendment.

Zone Map Amendment application cancellations must be submitted in writing to the Building Official. Once the application has been processed there shall be no refund of the unused portion of the application fee.

**2. WRITTEN REQUIREMENTS**

\_\_\_ 2.1 METES AND BOUNDS LEGAL DESCRIPTION

Submit in duplicate on a single 8 1/2" x 11" paper the following information:

\_\_\_ A. A metes and bounds description of the subject site;

\_\_\_ B. The amount of area contained within the site; and

\_\_\_ C. A statement, signed by a registered surveyor in the State of Ohio, certifying that the description of the property on which the proposed Zone Map Amendment is to located, is a complete, proper and legal description thereof.

\_\_\_ 2.2 PROPERTY DEED

Submit two (2) copies of the deed of the subject property as filed in the Hamilton County Recorder's Office.

\_\_\_ 2.3 ZONE MAP AMENDMENT APPLICATION FORM

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

\_\_\_ 2.4 OWNER'S AFFIDAVIT

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

\_\_\_ 2.5 DESCRIPTION OF REQUEST AND REASONS FOR THE MAP AMENDMENT

Complete and submit the original and one (1) copy of the Description of Request and Reasons for the Map Amendment form (provided in this package)

\_\_\_ 2.6 CHECKLIST OF REQUIREMENTS

**Submit this checklist fully completed.**

**3. GRAPHIC REQUIREMENTS**

\_\_\_ 3.1 ZONE MAP AMENDMENT PLAN

The Zone Map Amendment Plan (a drawing at a scale of one-hundred feet to the inch or larger -- unless otherwise approved by the director) showing the items listed below:

- \_\_\_ A. Name of project, date, scale, north arrow (north shall be top of plan), map title (Zone Map Amendment Plan), total number of sheets and sheet number;
- \_\_\_ B. Name and address of applicant, present owner, person/firm preparing the plans etc.;
- \_\_\_ C. Vicinity map that identifies the site with reference to surrounding areas and to existing street locations;
- \_\_\_ D. Summary table indicating existing and proposed uses of facilities, proposed parking spaces, parking spaces required by the Zoning Code, floor areas, density and seating capacity (where applicable);
- \_\_\_ E. Area of entire site, site (net) area excluding streets and right-of-ways;
- \_\_\_ F. Existing property lines, right-of-way and utility easements for the entire tract and each parcel involved;
- \_\_\_ G. Location of existing property lines and zone boundary lines of the subject property and for property within 200 feet of the subject site;
- \_\_\_ H. Existing contour lines (dashed) at two (2) foot intervals or less on site and including 200 feet beyond, indicate source and date of data;
- \_\_\_ I. Front, side, and rear yard setbacks for all structures and parking areas;
- \_\_\_ J. Such other relevant information as the Planning Commission may require.

\_\_\_ 3.2 REDUCED ZONEMAP AMENDMENT PLAN

The Zone Map Amendment Plan reduced to an 11" x 17" sheet of paper. The information contained on the reduced version shall be the same as which is required above.

\_\_\_ 3.3 NUMBER OF COPIES OF DEVELOPMENT PLANS

The applicant shall submit six (6) copies of the Zone Map Amendment Plan and one (1) Reduced Zone Map Amendment Plan for City Staff review. After initial review by City Staff, the applicant shall submit six (6) copies of the Zone Map Amendment Plan and ten (10) Reduced Zone Map Amendment Plans for final review and distribution to Planning Commissioners on or before the date advised by the Building Official.

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.

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Signature of person preparing this checklist  
(Applicant or Representative)

Date Submitted



**OWNER'S 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 pending Zone Map Amendment; that we hereby consent to the Planning Commission of the City of Springdale approving a Zone Map Amendment 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 rezoning of the property by the City Council 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. Further, I understand that I am responsible for the review costs incurred by the city as describe more specifically in Section 1.3 of the Checklist

\_\_\_\_\_  
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
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**DESCRIPTION OF REQUEST AND REASONS FOR A  
ZONE MAP AMENDMENT  
CITY OF SPRINGDALE BUILDING DEPARTMENT  
11700 SPRINGFIELD PIKE SPRINGDALE, OHIO 45246  
TELEPHONE: (513) 346-5730**

FOR CITY OF SPRINGDALE BUILDING DEPARTMENT USE ONLY:

CASE # \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**NOTE: THIS APPLICATION SHOULD BE TYPEWRITTEN**

**THE APPLICANT SHOULD PREPARE DEFINITIVE STATEMENTS REGARDING THE FOLLOWING:  
(USE ADDITIONAL SHEETS IF NECESSARY)**

- 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 change?
  
- 3) Will the site be accessible from public roads which are adequate to carry the traffic that will be imposed upon if the change is granted, or will road improvements be required?
  
- 4) Has this rezoning been discussed with regard to traffic design with the City Engineer?  
When? Who?
  
- 5) Is the property currently or can it be serviced by public sewer and water and can proper drainage be provided?

- 6) What is the anticipated proposed use of the property and what is the character (architectural treatment) of the development?