

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

SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR MAP AMENDMENTS TO CREATE A TRANSITION OVERLAY DISTRICT/PRELIMINARY DEVELOPMENT PLAN APPROVAL
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An application for a Zone Map Amendment to create a Transition Overlay District and Preliminary Development Plan 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 Transition Overlay Zone Map Amendment and Preliminary Development Plan 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

<u>DUE DATE</u>	<u>PLANNING COMMISSION</u>
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 TRANSITION OVERLAY ZONE MAP
AMENDMENT AND PRELIMINARY DEVELOPMENT PLAN APPROVAL
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 (\$3,000.00 – MAKE CHECK PAYABLE TO CITY OF SPRINGDALE)

An application for a Transition Overlay Zone Map Amendment and Preliminary Development Plan shall be accompanied by a deposit to be drawn on by the City to cover the expenses incurred in the review of the requested revision. Such expenses may include items such as the cost of professional services including expenses and legal fees in connection with reviewing the plan, prepared reports, inspections, the publication and mailing of public notice in connection therewith, and any other reasonable expenses directly attributable thereon. Ten percent (10%) shall be added to the final expenses of the applicant to provide for the review of the plans by City Staff. At the time of submitting the Transition Overlay Zone Map Amendment and Preliminary Development Plan to the Building Official and Planning Commission for consideration, the applicant shall make a deposit with the office of the City Clerk of Council/Finance Director in the amount equal to the estimated cost of the City's expenses. The initial deposit shall be \$3,000.00. When this deposit has been depleted to thirty-three percent (33%), another deposit may be requested by the City. For those projects where the City's costs are estimated to be less than \$500.00, no deposit may be required. In such cases, the City's costs may be recovered by billing the developer. Failure to pay the above costs within thirty (30) days of invoice shall stop all processing and review of the site development plans or shall cause suspension of all development activities on the site.

Cancellations of the Transition Overlay Zone Map Amendment and Preliminary Development Plan application must be submitted to the Building Department in writing.

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 Transition Overlay Zone Map Amendment is to occur, 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 PRELIMINARY DEVELOPMENT PLAN 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 TRANSITION OVERLAY MAP AMENDMENT

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

___ 2.6 FINAL FORM OF COVENANTS

The final form of covenants running with the land and deed restrictions (including the use of common land); covenants, restrictions or easements to be recorded; declaration of covenants, restrictions, and bylaws of a homeowners association and its incorporation; declaration of condominium ownership and other covenants, if any for maintenance;

___ 2.7. ESTIMATED COST

The estimated project cost, including estimates for all public and private improvements.

___ 2.8. CONSTRUCTION SCHEDULE

___ 2.9. TRAFFIC STUDY

If the proposed development will generate more than 100 trips in a peak hour period, a traffic impact analysis shall be required identifying existing roadway capacity, trips to be generated by the proposed development, anticipated impact of the proposed development on the existing roadway network and what improvements are necessary to mitigate any impact the development may have.

___ 2.10 CHECKLIST OF REQUIREMENTS

Submit this checklist fully completed.

3. GRAPHIC REQUIREMENTS

___ 3.1 PRELIMINARY DEVELOPMENT PLAN

The Preliminary Development 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 (Preliminary Development 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 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. The use and approximate location of existing pavements, sanitary and storm sewers, sidewalks and curbs, trees and landscape features and other physical and natural features; structures to be demolished shown in dashed lines and all existing structures within 200 feet;
- ___ K. Highways and streets in the vicinity of the tract, and ingress and egress to the tract; and tracts adjacent to and across any street;
- ___ L. Proposed general location of buildings, parking areas, open spaces, signage, waste receptacle and landscape areas;
- ___ M. Proposed density levels of each residential area and acreage and square feet of business uses;
- ___ N. Proposed treatment of existing topography, drainage ways and tree cover;
- ___ O. Proposed general location of major vehicular and pedestrian circulation systems, showing how circulation patterns relate to the primary and secondary road alignments designated on the City of Springdale Thoroughfare Plan;
- ___ P. Tree Survey and Tree Removal Plan;
- ___ Q. Portion of property with acreage and percentage to be developed as impervious surface;
- ___ R. Such other relevant information as the Planning Commission may require.

___ 3.2 REDUCED PRELIMINARY DEVELOPMENT PLAN

The Preliminary Development 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 PRELIMINARY DEVELOPMENT PLANS

The applicant shall submit six (6) copies of the Preliminary Development Plan and one (1) Reduced Preliminary Development Plan for City Staff review. After initial review by City Staff, the applicant shall submit six (6) copies of the Preliminary Development Plan and ten (10) Reduced Preliminary Development 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.

Signature of person preparing this checklist
(Applicant or Representative)

Date Submitted

**APPLICATION FOR TRANSITION OVERLAY ZONE MAP
AMENDMENT AND PRELIMINARY DEVELOPMENT PLAN
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: _____

FEE RECEIPT # _____

RECEIVED BY: _____

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

NAME OF APPLICANT _____

ADDRESS _____ PHONE NO. _____

CITY/STATE/ZIP _____

NAME, ADDRESS & AUDITORS PARCEL ID NUMBER OF EACH PROPERTY
OWNER OF RECORD WITHIN THE PROPERTY WHICH IS REQUESTED FOR
TRANSITION OVERLAY ZONE MAP AMENDMENT AND PRELIMINARY
DEVELOPMENT PLAN APPROVAL:

1. _____
2. _____
3. _____
4. _____

REQUEST TRANSITION OVERLAY ZONE TO APPLY TO _____ TOTAL ACRES (NET)

TOTAL ACRES (GROSS) _____

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

OWNER _____ AGENT _____ LESSEE _____ OPTIONEE _____

APPLICANT _____

Signature Address Phone Number Fax Number

OWNER(S) _____

Signature Address Phone Number

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 Transition Overlay Zone Map Amendment and Preliminary Development Plan; that we hereby consent to the Planning Commission of the City of Springdale 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 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 described 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

