

**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.**

**2008 CLOSING DATES AND SCHEDULE OF MEETINGS**

<u><b>SUBMITTAL DUE DATE</b></u>	<u><b>MEETING DATE BOARD OF ZONING APPEALS</b></u>
January 4, 2008	January 15, 2008
February 8, 2008	February 19, 2008
March 7, 2008	March 18, 2008
April 4, 2008	April 15, 2008
May 9, 2008	May 20, 2008
June 6, 2008	June 17, 2008
July 4, 2008	July 15, 2008
August 8, 2008	August 19, 2008
September 5, 2008	September 16, 2008
October 10, 2008	October 21, 2008
November 7, 2008	November 18, 2008
December 5, 2008	December 16, 2008

**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.**

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Signature of person preparing this checklist  
(Applicant or Representative)

Date Submitted



3. Please explain in detail how you would be deprived from using your property in a manner currently enjoyed by your neighbors, if your variance request were denied.