



CITY OF SPRINGDALE - BUILDING DEPARTMENT

11700 SPRINGFIELD PIKE SPRINGDALE, OHIO 45246
PHONE: 513-346-5730 FAX: 513-346-5747
WEBSITE: www.springdale.org/building-department.aspx
EMAIL: Building@Springdale.org

Application Number

PLANNING/ZONING APPLICATION

Project Name: (Please provide a common name to describe this project) Area of Development: Acres (Provide a list of All Parcels associated with Project)

Project Location: (Street No.) (Street Name) (Springdale, Ohio) (Zip Code)

Applicant: (Name) (Daytime Phone Number)

(Mailing Address: Street No; Street Name, City, State, Zip) (E-mail Address)

APPLICATION FOR: (Pick 1) Please review the applicable Sections of the Zoning Code listed below and the Zoning Map provided online at: https://www.springdale.org/building-department.aspx

Table with 3 columns and 4 rows of project options including Major Project, Minor Project, BZA Hearing, Zoning Text or Map Amendments, Concept Plan, Development Plan, Conditional Use Permits, Determination of Similar Uses, Variance, Appeal, Planned Unit Development (PUD), and Transition Overlay District (T-District).

BRIEFLY DESCRIBE PROJECT: (Provide Existing and Proposed Zoning for this Property)

Blank lines for describing the project.

The undersigned Property Owner and/or the Applicant (acting as an Agent for the Property Owner), do hereby covenant and agree to comply with all the laws of the State of Ohio, Hamilton County and the ordinances of the City of Springdale pertaining to land usage, buildings and site development.

(12/16/2020) (Signature of Owner/Agent) (Print Name) (Date)



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Application Number

PLANNING/ZONING APPLICATION

Project Name: _____ **Total Area/Development:** _____ Acres
(Please provide a common name to describe this project) (Provide a list of All Parcels associated with Project)

Project Location: _____
(Street No.) (Street Name) (Springdale, Ohio) (Zip Code)

Area of this Parcel: _____ Acres **Parcel ID:** **059900** _____
(From Auditor's Website; Use additional sheets for all associated Parcel Numbers)

Property Owner: _____
(Name From Auditor's Website) (Daytime Phone Number)

(Mailing Address: Street No; Street Name, City, State, Zip) (E-mail Address)

Note: Please provide One Affidavit for Each Different Parcel Owner Associated with this Project.

OWNER'S AFFIDAVIT

STATE OF OHIO, COUNTY OF HAMILTON

I (we) _____, hereby certify that we are the owners of the real estate listed above which is the subject of this application; that we hereby consent to the Planning Commission of the City of Springdale acting on my/our application 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 Planning Commission of the City of Springdale. The statements and attached exhibits provided 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 1.2 of the Checklist associated with this Application. I also understand that failure to pay such fees within 30 days of invoice shall halt all processing and review of the site development plans or shall cause suspension of all development activities on the site and shall possibly result in a municipal lien being placed against the property to recover the expenses.

Signature

Mailing Address

City and State

Phone

Subscribed and sworn to before
me this ____ day of _____, 20____

Notary Public