SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR ZONING MAP AMENDMENTS

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. ALL requested information, signatures, documentation and copies are required when submitting this application. Incomplete or late packets will NOT be accepted. 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.

2019-2020 CLOSING DATES AND SCHEDULES OF MEETINGS

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<th>DUE DATE</th>
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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 ZONE MAP 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 three (3) copies of the Zone Map Amendment Plan and one (1) digital copy of the Zone Map Amendment Plan for City Staff review. After initial review by City Staff, the applicant shall submit three (3) copies of the Zone Map Amendment Plan, one (1) digital copy and fourteen (14) Reduced (11x17) copies of the 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.

<table>
<thead>
<tr>
<th>Signature of person preparing this checklist (Applicant or Representative)</th>
<th>Date Submitted</th>
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APPLICATION FOR
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: __________________
FEE RECEIPT # ______________ RECEIVED BY: ______________

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

NAME OF APPLICANT ____________________________________________

ADDRESS ___________________________ PHONE NO. ________________

CITY/STATE/ZIP ___________________ EMAIL ______________________

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

1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________
4. ___________________________________________________________

REQUEST ZONE CHANGE FROM ________TO________ TOTAL ACRES (NET) ______

TOTAL ACRES (GROSS) ____________

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

OWNER _____ AGENT _____ LESSEE _____ OPTIONEE _____

APPLICANT

Signature  Address  Phone Number

OWNER(S)

Signature  Address  Phone Number

11/04/19
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 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 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. 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

Person to be contacted for details, other than signatory:

__________________________
Name

__________________________
Address

__________________________
Phone

11/04/19
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?