Application to the FAIRFIELD TOWNSHIP ZONING COMMISSION

6032 Morris Road Fairfield Township, OH 45011 (513) 887-4400

| FOR OFFICE USE ONLY |
|----------------------------------|
| Case No. FT2C24-3C . |
| Date Filed 4-19-24 Fees 1,000.00 |
| FTZC Meeting Date |
| Newspaper Journal |

PLEASE PROVIDE FIFTEEN COPIES OF THIS FORM AND ALL MATERIALS

| PROPERTY LOCATED AT: 6141 & 6145 River Rd Fairfield OH 45014 |
|----------------------------------------------------------------------------------------------------------------------|
| PARCEL IDENTIFICATION NUMBER: A0200002000008 & A0200002000012 |
| Additional parcel number (if applicable)* |
| *If rezoned, all parcels comprising the development must be consolidated before a zoning certificate will be issued. |
| APPLICANT INFORMATION |
| APPLICANT: Optimized Senior Living (Lindsay McLaughlin) John Rice |
| MAILING ADDRESS: PO Box 75 Monroe, OH 45050 |
| PHONE: 513-252-3405 |
| PROPERTY OWNER: City of Refuge |
| MAILING ADDRESS: 6131 River Rd Fairfield, OH 45014 |
| PHONE: 937-450-1404 |
| CONTACT PERSON: Optimized Senior Living (Lindsay McLaughlin) |
| MAILING ADDRESS: PO Box 75 Monroe, OH 45050 |
| PHONE: 513-252-3405 |
| |

AMENDMENT INFORMATION

- A. If the amendment proposes to alter the text of the Zoning Resolution, attach:
 - 1. Typed description of why the amendment is appropriate.

| | 3. Application fee as established by the Township Trustees. I hereby request the Board of Zoning Appeals to grant a variance(s) from Section(s) | | | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| В. | If the amendment proposes to alter the zoning map, attach: | | | |
| | 1. List, for each parcel to be rezoned, the owner's name as it appears on the Butler County auditor's current tax list, the Butler County auditor's tax parcel number, and the property address. | | | |
| | 2. List of adjacent property owners. | | | |
| | 3. Photocopy of tax map with subject property highlighted. | | | |
| | 4. Legal description of property (see deed). | | | |
| | 5. Development plans. | | | |
| | 6. Application fee as established by the Township Trustees. | | | |
| <u>SUP</u> | PPORTING INFORMATION | | | |
| A. E | Existing Zoning District FAIRFIELD TWP-FRFLD CSD | | | |
| | Existing Land Use 680 E - CHARIT EXEMT HOSP HOMS AGED ETC, PRIV F-1 Flood Zone | | | |
| F | Proposed Zoning District Planned Unit Development | | | |
| P | Proposed Land Use Asssisted Living for Senior Citizens | | | |
| В. І | Does the proposed zoning district conform to the Fairfield Township Vision Plan? YESNO | | | |
| p F | f the proposed zoning district DOES NOT conform to the Fairfield Township Vision Plan what physical, social, economic, and/or other changes have occurred that were not anticipated when the Fairfield Township Vision Plan was adopted? (Attach factual data to support the arguments). Vision plan has selected the future use of this property as Public / Private Recreational. One crucial | | | |
| c | consideration to this property is that the owner owns these two parcels and the adjoing three parcels that are | | | |
| i | n the city of Fairfield. Optimized Senior Living has agreed to purchase all parcels and have approval by the | | | |
| C | City of Fairfield planning committie for a PUD for assisted living on the city parcels. | | | |
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| _ | | | | |

2. Typed copy of the text as it would appear in the Resolution (also identifying stricken

| D. H | How is the proposed zoning district appropriate | considering surrounding zoning and la | and use? |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------|
| The | surrounding areas in Fairfield township are inc | lustrial. The surrounding areas in the | City of Fairfield is |
| r | residential. Optimized Senior Living,s intent is t | or all buildings to look and feel resid | ential to blend in |
| W | with the neighborhood. In our location in Leband | on, the land is zoned as R-4. The prop | sed zoning would |
| _; | allow more residential like buildings to continu | e to be utilized in this area while serv | ing the seniors |
| _t | the seniors of the surrounding areas. | | |
| _ | | | |
| - | | | |
| | | | |
| AFF | FIDAVIT | | |
| Towr | reby depose and affirm that I have familiarized nonship Zoning Resolution in preparing this applicament and supplements attached thereto, and heremation supplied herewith. | eation. I certify that I have read the for | regoing |
| | Jeh 7 Rue | | |
| Appfi | ncant | | |
| | TE OF OHIO NTY OF Clock | | |
| Ca | scribed and sworn to before me this 15th day of | <u>Cysnil</u> , 20,24. | |
| Му с | commission expires 03 22-2026 | | |
| ANAN PUBL | ADINA S FUGATE Notary Public State of Ohio My Comm. Expires March 22, 2026 | | |
| Fairfi | field Township Zoning/Administration ackno | wledgement of receipt. | |
| Signa | nature Tit | le | Date |

PROPERTY OWNERS AFFIDAVIT

| STATE OF OHIO COUNTY OF BUTLER Clark |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I (we) City of Resige alba Oac akey Farm |
| Hereby certify that we are all of the owners and of the real estate which is subject of the pending zoning application; that we hereby consent to the Zoning Appeals Board acting on my/our request for the subject real estate. I/we understand that our application will be considered and processed in accordance with the regulations as set forth by the Fairfield Township Zoning Department and Zoning Resolution; that we agree to accept, fulfill, and abide by those regulations and all stipulations and conditions attached to the decision by the Zoning Appeals Board. As owner(s) of the real estate which is the subject of the pending zoning application, I hereby consent to the Fairfield Township Zoning Department temporarily placing a sign advertising the zoning request on the subject property. The statements and attached exhibits are in all respects true and correct to the best of my/our knowledge and belief. |
| Joh 7 Rice |
| John F. Rice |
| Printed Name |
| 431 River Nd. |
| Mailing Address |
| Fairle ld, Oh 4501 4 City, State, Zip Code |
| 937-450-1404 |
| Telephone |
| Subscribed and sworn before me this 15th day of Cysul 2024, |
| Notary Public |
| ADINA S FUGATE Notary Public State of Ohio My Comm. Expires March 22, 2026 |