

FAIRFIELD TOWNSHIP ZONING COMMISSION

APPLICATION FOR ZONING DISTRICT CHANGE OR PUD ACTION

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6032 Morris Road
Hamilton, OH 45011

Telephone: (513) 887-4400
Fax: (513) 887-4405

Check all that apply:

- Zone Change
- Preliminary PUD Application
- Major Change to PUD
- Final PUD Application
- Amendment to Final PUD

- Case No. _____
- Newspaper _____
- Filed _____
- Fees _____
- FTZC Meeting Date _____

This application must be filed by one or more of the owners or lessees of the property (O.R.C. 519.12), and filed with the Township Zoning/Administration Representative.

PLEASE NOTE: This application must be legible and if not complete, will be refused for filing. The accuracy of all of the information is the responsibility of applicant, and if the information is incorrect, or found not to be complete, the application will be refused and returned to applicant for correction. In any event the accuracy of all of the information is the responsibility of the applicant.

1. Name, complete address and phone number, of all owners of property to be rezoned (as appears on the County Auditor's current tax list): _____

2. Name, address and phone number of applicant: _____

(If Applicant is not an owner, is the applicant a Lessee)? Yes _____ No _____

3. Applicant's relationship to property: _____

4. Name and telephone number of person to contact, concerning this application:

5. Addresses of **ALL** properties to be rezoned: _____

6. General location: Roads and Intersections:

7. Present Zone District: _____

8. Requested Zone District: _____

9. Reason for this application: _____

10. Attached in order to facilitate this application, shall be the following:

- a. Submit all requirements as listed on the Zoning Commission check list, provided with this application.
- b. Submit (10) copies of the completed application and information packets.

11. Attached is a check for \$_____ for the purpose of defraying expenses, as needed. All payments are to be made to Fairfield Township. Should any payments not be made promptly, this application will be refused and returned to applicant.

The above statements, and any attachments or exhibits which are all a part of this application, are true and correct.

Applicant or representative must be present at this meeting.

Applicant

Sworn to and subscribed before me, this ____ day of _____, 20 ____, by the above applicant.

Notary Public

My Commission Expires

- **Fairfield Township Zoning/Administration acknowledgement of receipt.**

Signature/Printed Name

Title

Date

ZONING COMMISSION HEARING APPLICATION

ZONE CHANGE/PRELIMINARY PUD/ MAJOR CHANGE to PUD

SUBMISSION REQUIREMENTS

_____ **METES AND BOUNDS LEGAL DESCRIPTION:**

Submit on a single 8 ½ 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
- c. A statement, signed by a registered surveyor, certifying that the description of the property proposed to be rezoned, is a complete, proper and legal description thereof

_____ **PROPERTY DEED:**

Submit one copy of the deed to the subject property as filed in the Butler County Recorder's Office

_____ **ADJACENT PROPERTY OWNERS FORM:**

Complete and submit the original and one (1) copy of the Adjacent Property Owners form (provided in this packet) containing the names, addresses, and tax information of all parcels within two hundred (200) feet of the subject site

_____ **DESCRIPTION OF REQUEST AND REASONS FOR ZONING COMMISSION HEARING FORM:**

Complete and submit the original and one (1) copy of the Description of Request and Reasons for Zoning Commission Hearing form (provided in this packet)

_____ **ZONING COMMISSION HEARING APPLICATION FORM:**

Complete and submit the original and one (1) copy of the Zoning Commission Hearing Application form (provided in this packet)

_____ **OWNER'S AFFIDAVIT:**

Complete and submit the original and one (1) copy of the Affidavit (provided in this packet)

_____ **CHECKLIST OF REQUIREMENTS:**

Submit this checklist, fully completed

_____ **ZONING PLAT:**

Submit (9) copies of the zoning plat at a scale of one hundred (100) feet to the inch or larger containing the following information:

- _____ a. All existing property lines and parcel numbers for each parcel within the subject site and all property within and contiguous to and directly across the street from the exterior boundary of the subject tract, and the last name of the owners therein.
- _____ b. Metes and bounds and dimensions of the subject property and the area contained therein (in acres)
- _____ c. Existing zone district boundaries (shown in dashed lines with heavier line weight than property lines) and zone designation
- _____ d. Title, scale and north point (north shall be at the top of the plat)

ZONING COMMISSION HEARING APPLICATION

FINAL PUD APPROVAL /REVISED FINAL APPROVAL

SUBMISSION REQUIREMENTS

_____ **ZONING COMMISSION HEARING APPLICATION FORM:**

Complete and submit the original and one (1) copy of the Zoning Commission Hearing Application form (provided in the packet)

_____ **PROPERTY DEED:**

Submit one copy of the deed to the subject property as filed in the Butler County Recorder's Office

_____ **ADJACENT PROPERTY OWNERS FORM:**

Complete and submit the original and one (1) copy of the Adjacent Property Owners form (provided in this packet) containing the names, addresses, and tax information of all parcels within two hundred (200) feet of the subject site

_____ **FINAL PUD PLAN:**

(9 copies and 1 reduced 11" x 17" maximum) PDF version shall be sent to Zoning Administrator if available.

_____ Any signage proposed for the site would need to be submitted.

_____ **APPLICANT'S AFFIDAVIT:**

Complete and submit the original and one (1) copy of the Affidavit (provided in this packet)

_____ **CHECKLIST OF REQUIREMENTS:**

Submit this checklist, fully completed

PROPERTY OWNERS AFFIDAVIT

**STATE OF OHIO
COUNTY OF BUTLER**

I (we) _____
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 Commission 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 Commission. 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.

Signature

Printed Name

Mailing Address

City, State, Zip Code

Telephone

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

Notary Public