

**CITY OF SPRINGDALE, OHIO
SPRINGDALE BUILDING DEPARTMENT
11700 SPRINGFIELD PIKE SPRINGDALE, OHIO 45246
TELEPHONE: (513) 346-5730**

SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR SIMILAR USES
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An application for a Similar Use to the Planning Commission 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 appeal 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 day 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 Planning Commission. Early submission is therefore, highly recommended to assure placement on the agenda and adequate time for revisions and corrections.**

2015 -2016 CLOSING DATES AND SCHEDULES OF MEETINGS

<u>DUE DATE</u>	<u>PLANNING COMMISSION MEETING</u>
December 14, 2015	January 12, 2016
January 11, 2016	February 9, 2016
February 8, 2016	March 8, 2016
March 14, 2016	April 12, 2016
April 11, 2016	May 10, 2016
May 16, 2016	June 14, 2016
June 13, 2016	July 12, 2016
July 11, 2016	August 9, 2016
August 15, 2016	September 13, 2016
September 12, 2016	October 11, 2016
October 10, 2016	November 8, 2016
November 14, 2016	December 13, 2016

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 SIMILAR USES TO THE
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 City of Springdale Building Department in person, 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 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 hearings or meetings.**

___ 1.2 APPLICATION FEE (\$200.00 - MAKE CHECK PAYABLE TO CITY OF SPRINGDALE)

An application for a Similar Use shall be accompanied by an application fee to cover the expenses incurred in the review of the request. Such expenses may include items such as the cost of professional services including expenses and legal fees in connection with reviewing the plan, prepared reports, inspections, and any other reasonable expenses directly attributable to the application.

Application cancellations must be submitted in writing to the Building Official.

2. WRITTEN REQUIREMENTS

___ 2.1 SIMILAR USE APPLICATION FORM

Complete and submit the original and one (1) copy of the Similar Use Application form (provided).

___ 2.2 OWNERS AFFIDAVIT

Complete and submit the original and one (1) copy of the Affidavit (provided).

___ 2.3 DESCRIPTION OF REQUEST AND REASONS FOR SIMILAR USE

Complete and submit the original and one (1) copy of the Description of Request and Reasons for Similar Use form (provided in this packet).

___ 2.4 CHECKLIST OF REQUIREMENTS

Submit this checklist fully completed.

3. GRAPHIC REQUIREMENTS

___ 3.1 PLOT PLAN (if applicable)

The plot plan drawn to scale; the finished size not larger than 24 x 36 inches, 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. The exact boundaries and dimensions of the subject lot (**this should be by actual survey unless waived by the Building Official**);
- ___ C. Existing property lines and zone district boundaries (shown in dashed lines with heavier line weight than property lines) and zone designations for the subject property and surrounding properties within 200 feet of the subject property;
- ___ D. Title, scale and north point (north shall be at the top of the plat);
- ___ E. The size and location of all existing and proposed structures;
- ___ F. The existing and proposed use of the entire lot and all structures;
- ___ G. Street names and right-of-way lines with line weight heavier than property lines;
- ___ H. Distance from subject property to nearest street intersection and/or section corner; and
- ___ I. Stamp or seal and signature of registered engineer or surveyor in the State of Ohio (**unless waived by the Building Official**).

___ 3.2 REDUCED PLOT PLAN

The plot plan reduced to an 11ö x 17ö sheet of paper. The information contained on the reduced version of the plan shall be the same as which is required above.

___ 3.3 NUMBER OF COPIES OF PLOT PLANS

The applicant shall submit six (6) copies of the Plot Plan and one (1) Reduced Plot Plan for City Staff review. After initial review by City Staff, the applicant shall submit six (6) copies of the Plot Plan and ten (10) Reduced Plot 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 IN AN IMPROPER APPLICATION.

Signature of person preparing this checklist

(Applicant or Representative)

Date Submitted

**APPLICATION FOR A SIMILAR USE
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 OR PRINTED CLEARLY & USE
ADDITIONAL SHEETS IF NECESSARY

NAME OF APPLICANT _____

ADDRESS _____ PHONE NO. _____

CITY/STATE/ZIP _____ EMAIL _____

NAME, ADDRESS & AUDITOR'S PARCEL ID NUMBER OF EACH PROPERTY OWNER
OF RECORD WITHIN THE PROPERTY WHICH IS REQUESTED FOR SIMILAR USE
REQUEST:

1. _____
2. _____

BRIEFLY DESCRIBE REQUEST _____

EXISTING ZONING OF THE SUBJECT PROPERTY: _____

(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

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 the Similar Use Application; that we hereby consent to the Planning Commission of the City of Springdale acting on my/or 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.

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

- 5) How is this Similar Use more appropriate for this Zoning District than any other Zoning District?

- 6) Does the proposed use create dangers to health and safety, or create offensive noise, vibration, dust, heat, smoke, odor, glare or other objectionable influences? Are these to any extent greater than listed permitted uses in the District?

- 7) Does this use create traffic to a greater extent than the listed permitted uses in the District?