

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

**SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR
AN ADMINISTRATIVE APPEAL**

An application for an Administrative Appeal to the Board of Zoning Appeals 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 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 Board of Zoning Appeals. Early submission is therefore, highly recommended to assure placement on the agenda and adequate time for revisions and corrections.**

2018 -2019 CLOSING DATES AND SCHEDULES OF MEETINGS

DUE DATE

December 17, 2018
January 14, 2019
February 19, 2019
March 18, 2019
April 15, 2019
May 28, 2019
June 24, 2019
July 29, 2019
August 26, 2019
September 23, 2019
October 21, 2019
November 18, 2019
December 30, 2019

BOARD OF ZONING APPEALS

January 15, 2019
February 19, 2019
March 19, 2019
April 16, 2019
May 21, 2019
June 25, 2019
July 23, 2019
August 27, 2019
September 24, 2019
October 22, 2019
November 19, 2019
December 17, 2019
January 28, 2020

ALL MEETINGS ARE HELD IN THE CITY COUNCIL CHAMBERS AT 11700 SPRINGFIELD PIKE, SPRINGDALE, OH AT 7:00 P.M. AT THE HEARING YOU WILL BE EXPECTED TO EXPLAIN YOUR REQUEST AND GIVE REASONS AS FOR APPEAL AND PRESENT ANY OTHER WITNESSES TO GIVE TESTIMONY. ANY OTHERS IN ATTENDANCE WILL ALSO BE GIVEN THE OPPORTUNITY TO GIVE TESTIMONY. THE APPLICANT OR A REPRESENTATIVE IS EXPECTED TO BE PRESENT AT THE MEETING. LACK OF REPRESENTATION BY THE APPLICANT MAY RESULT IN THE REQUEST BEING TABLED TO THE NEXT MEETING.

**SUBMISSION REQUIREMENTS
FOR AN APPEAL OF AN ADMINISTRATIVE DECISION
CITY OF SPRINGDALE ZONING CODE**

FOR THE 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 Board of Zoning Appeals. 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.**

2. WRITTEN REQUIREMENTS

___ 2.1 REFUSAL NOTICE/ZONING ORDER (if applicable)

Submit one (1) copy of the refusal notice issued by the City of Springdale Building Official if the appeal is being brought as an appeal to this decision. An appeal of a refusal notice or zoning order must be filed within twenty (20) days of the date the refusal notice or zoning order is issued. **Appeals in cases where the Planning Commission has jurisdiction under the Zoning Code must be made within thirty (30) days of the Planning Commission decision.**

___ 2.2 ADMINISTRATIVE APPEAL APPLICATION FORM

Complete and submit the original and one (1) copy of the Administrative Appeal Application form (provided).

___ 2.3 OWNER'S AFFIDAVIT

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

___ 2.4 DESCRIPTION OF REQUEST AND REASONS FOR APPEAL

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

___ 2.5 CHECKLIST OF REQUIREMENTS

Submit this checklist fully completed.

3. GRAPHIC REQUIREMENTS

___ 3.1 PLOT PLAN (if applicable)

Submit ten (10) copies of 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 zone district boundaries (shown in dashed lines with heavier line weight than property lines) and zone designations for the subject parcel and surrounding properties;
- ___ 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 a registered engineer or surveyor in the State of Ohio (**unless waived by the Building Official**).

___ 3.2 REDUCED PLOT PLAN (if applicable)

Submit ten (10) copies of the plot plan reduced to an 11" x 17" sheet of paper. The information contained on the reduced version of the plan shall be the same as is required above.

___ 3.3 DETAILED DRAWINGS

Ten (10) copies of any drawings which help to describe the request before the Board, (i.e. Floor Plans, Building Elevations, Sign Drawings, Etc.)

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.

Signature of person preparing this checklist
(Applicant or Representative)

Date Submitted

**APPLICATION FOR AN ADMINISTRATIVE APPEAL
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 NEATLY. USE ADDITIONAL SHEETS IF NECESSARY

NAME OF APPLICANT _____

ADDRESS _____ PHONE NO. _____

CITY/STATE/ZIP _____

NAME, ADDRESS & AUDITOR'S PARCEL ID NUMBER OF EACH PROPERTY OWNER OF RECORD WITHIN THE SUBJECT PROPERTY:

1. _____
2. _____
3. _____
4. _____

WHAT ADMINISTRATIVE DECISION ARE YOU APPEALING? _____

(MY) (OUR) INTEREST IN THE ADMINISTRATIVE DECISION IS:

OWNER _____ AGENT _____ LESSEE _____ OPTIONEE _____

APPLICANT _____
Signature Address Phone Number

OWNER(S) _____
Signature Address Phone Number

OWNERS 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 pending administrative appeal; that we hereby consent to the Board of Zoning Appeals of the City of Springdale considering the appeal of an administrative decision/Planning Commission decision which effects the development of the subject property(s). We understand that the 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 interpretation by the Board of Zoning Appeals. 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

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1.) Please describe in detail the nature of your request.

2.) Indicate how you believe the Building Official or his duly authorized agent or the Springdale Planning Commission erred in interpreting or applying the Zoning Code with respect to your application.

(attach additional pages as necessary)