



SUGARCREEK TOWNSHIP ▪ GREENE COUNTY ▪ OHIO
ZONING OFFICE
2090 Ferry Road, Bellbrook, Ohio 45305
TELEPHONE: (937) 848-8426
www.sugarcreektownship.com

**SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR
CONDITIONAL USE REQUEST
TO THE SUGARCREEK TOWNSHIP BOARD OF ZONING APPEALS**

An application for a Conditional Use to the Board of Zoning Appeals submitted to the Sugar Creek Township Zoning Office 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, original application forms and copies must be submitted in complete and accurate form before the application will be processed by the Zoning Office.

The submission deadline represents the final day on which an application will be accepted. After the submission deadline the applicant cannot modify any portion of the information submitted unless specifically requested by staff or the Board of Zoning Appeals. If the application is not complete the case will not be placed on the agenda. Early submission is therefore highly recommended to assure placement on the agenda and adequate time for revisions and corrections.

The Sugar Creek Township Zoning Office maintains a list of monthly meeting dates and submission deadlines.

PLEASE NOTE THAT THIS APPLICATION AND ALL SUPPORTING DOCUMENTATION MAY BE SUBJECT TO DISCLOSURE UNDER THE PUBLIC RECORD LAWS OF THE STATE OF OHIO.

**SUBMISSION REQUIREMENTS FOR A VARIANCE TO THE SUGARCREEK
TOWNSHIP ZONING RESOLUTION**

FOR SUGARCREEK TOWNSHIP ZONING OFFICE USE ONLY:

CASE #: _____ DATE RECEIVED: _____

1. GENERAL REQUIREMENTS

Incomplete or inaccurate applications will not be accepted for processing or be placed on the agenda.

____ 1.1 **PRE-APPLICATION MEETING**

Date: _____ **Time:** _____

The applicant is required to meet with staff of the Zoning Office to discuss the overall application process before submitting the application packet. Please call (937) 848-8426 for an appointment. Final staff review to the Board of Zoning Appeals about this application will be contained in the staff report which will be provided to the applicant prior to the meeting date.

____ 1.2 **APPLICATION FEE \$500**

An application shall be accompanied by a non-refundable fee to cover the costs of holding the public hearing public hearing thereon. Request to withdraw an application must be submitted in writing to the Zoning Compliance Officer. There shall be no refund or part thereof once public notice has been given.

2. WRITTEN REQUIREMENTS

____ 2.1 **REFUSAL NOTICE/ZONING ORDER (IF APPLICABLE)**

Submit one copy of the refusal notice issued by the Sugar creek Township Zoning Planner/Zoning Official (if applicable).

____ 2.2 **ADJACENT PROPERTY OWNERS LIST**

A typewritten list containing the names, tax mailing addresses and parcel numbers of all parcels within five hundred (500) feet of the subject site must be submitted on mailing labels.

____ 2.3 **DESCRIPTION OF REQUEST AND REASONS FOR CONDITIONAL USE FORM**

Complete and submit the Description of Request and Reasons for Variance Form (provided).

____ 2.4 **CONDITIONAL USE APPLICATION FORM**

Complete and submit the Conditional Use Application form (provided).

____ 2.5 **PROPERTY OWNER'S AFFIDAVIT**

Complete and submit the Affidavit (provided).

_____2.6 **CHECKLIST OF REQUIREMENTS**
Submit this checklist fully completed.

3. GRAPHIC REQUIREMENTS

_____3.1 **Plot Plan**
Submit ten (10) copies of a plot plan for the subject site drawn to an engineering scale (1"=20', 1"=30', etc.). These plans should indicate accurate lot shape and property line dimensions, the size, location, and use of existing and proposed buildings and structures, public streets and right-of-way boundaries, and the location of any natural or topographical peculiarities of the subject parcel(s). The Zoning District designation shall be indicated on the plans for each parcel included in the application.

_____3.2 **Reduced Plot Plan**
Submit one (1) copy of the plot plan reduced to an 11" x 17" (maximum) sheet of paper. The information contained on the reduced version of the plan shall be the same as that which is required above.

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

Printed name of person preparing this checklist

APPLICATION FOR A CONDITIONAL USE
 TO THE BOARD OF ZONING APPEALS
 SUGARCREEK TOWNSHIP ZONING OFFICE
 2090 Ferry Road, Bellbrook, Ohio 45305
 Telephone: (937) 848-8426

FOR SUGARCREEK TOWNSHIP ZONING OFFICE 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: _____

CITY/STATE/ZIP: _____

PHONE NO.: _____ FAX NO.: _____

EMAIL ADDRESS: _____

PROPERTY ADDRESS: _____

FOR EACH PARCEL WITHIN THE SUBJECT SITE PLEASE PROVIDE:

PROPERTY OWNER NAME	PROPERTY OWNER ADDRESS	SUBJECT PARCEL(S) NUMBER

REQUEST THE FOLLOWING CONDITIONAL USE: _____

INTEREST IN PROPERTY: Owner Agent Leasee Optionee

APPLICANT:

 Applicant Signature Address Phone Number

OWNER(S):

 Owner Signature Address Phone Number

 Owner Signature Address Phone Number

DESCRIPTION OF REQUEST AND REASONS FOR CONDITIONAL USE
SUGARCREEK TOWNSHIP ZONING OFFICE
2090 Ferry Road, Bellbrook, Ohio 45305
Telephone: (937) 848-8426

FOR SUGARCREEK TOWNSHIP ZONING OFFICE USE ONLY:

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NOTE: THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED CLEARLY

THE APPLICANT SHOULD PREPARE A STATEMENT REGARDING THE FOLLOWING (USE ADDITIONAL SHEETS IF NECESSARY). In the case of yes or no answers, please provide explanations:

- 1) Cite the article and subsection of the Sugarcreek Township Zoning Resolution which identifies the requested use as an approvable conditional use.

- 2) Please describe the nature of the requested conditional use.

- 3) Will the requested conditional use be harmonious with, and in accordance with, the purpose of the Sugarcreek Township Zoning Resolution and consistent with the Sugarcreek Township Comprehensive Development Plan?

- 4) Will the requested conditional use conform to the general character of the neighborhood in which it will be located?

- 5) Will the requested conditional use comply with all applicable provisions of the Sugarcreek Township Zoning Resolution including any use specific standards?

- 6) Will the requested conditional use be designed, constructed, operated, and maintained so as to be harmonious and appropriate in appearance with the existing or intended character of the general vicinity? Will the requested conditional use change the essential character of the area?

- 7) Will the requested conditional use create excessive additional requirements, at public cost, for public facilities and services and be detrimental to the economic welfare of the community?

- 8) Is the requested conditional use at the particular location necessary or desirable to provide a service or facility which will contribute to the general well being of the neighborhood or the community?

- 9) Will the requested conditional use be detrimental to the health, safety, or general welfare of persons residing or working in the vicinity, or injurious to property or improvements in the vicinity?

NOTE: THE BZA MAY IMPOSE SUCH CONDITIONS AND RESTRICTIONS UPON THE CONDITIONAL USE AS THE BZA MAY DEEM NECESSARY TO COMPLY WITH THE STANDARDS SET FORTH IN ARTICLE 3.07 OF THE SUGARCREEK TOWNSHIP ZONING RESOLUTION TO REDUCE OR MINIMIZE THE IMPACT OF SUCH USE UPON OTHER PROPERTY IN THE NEIGHBORHOOD AND TO FURTHER THE PURPOSE AND INTENT OF THE SUGARCREEK TOWNSHIP ZONING RESOLUTION.

PROPERTY OWNER’S AFFIDAVIT

STATE OF OHIO
COUNTY OF GREENE

I (we) _____
hereby certify that we are all of the owners of the property which is the subject of this Variance application. I (we) consent to the Board of Zoning Appeals of Sugarcreek Township acting on our application. We understand that our application will be considered and processed in accordance with the regulations set forth by the Sugarcreek Township Zoning Office and Zoning Resolution. I (we) agree to accept, fulfill and abide by those regulations and all stipulations and conditions contained in the decision entered by the Board of Zoning Appeals of Sugarcreek Township. I (we) authorize Sugarcreek Township to place a Public Hearing Notification sign on the 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

Phone Number

Subscribed and sworn to before me this _____ day of _____ 20_____.

, Notary Public

My Commission Expires: _____

Person to contact for details, other than signatory:

Name Address Phone Number