



**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 A
MINOR CHANGE TO A PUD PLAN**

An application for a minor change to an approved PUD District 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 filing date of the application packet shall be the date on which all information submitted is examined by the Zoning Office and found to meet all the requirements as described in this packet. 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, the Zoning Commission or the Board of Trustees. 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 MINOR CHANGE TO A PUD PLAN

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 present the concept of the proposed major change to the Zoning Office and to obtain and discuss the overall application process before submitting the application packet. Please call (937) 848-8426 to schedule an appointment. There will be no assurance at any time, implicitly or otherwise, regarding final staff review to the Commission about this application.

____ 1.2 **SUBMISSION DATE** **DATE:** ___/___/___

The application packet must be submitted to the Sugarcreek Township Zoning Office in person, no later than the SUBMISSION DEADLINE. Prior to submitting the application packet and necessary information, the applicant should revise proposed plans and/or zoning plat as advised by the Zoning Office. After the submission deadline, the applicant cannot modify any portion of the information submitted unless specifically requested by staff, the Zoning Commission or the Board of Trustees. 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.**

____ 1.3 **APPLICATION FEE** **\$250**

An application for a minor change shall be accompanied by a non-refundable fee to cover the costs of holding the public hearing thereon, including personnel costs, advertising and legal notices as required by law or otherwise in connection with said amendment. Please make checks payable to Sugarcreek Township.

Major change cancellations must be submitted in writing to the Zoning Office. **There shall be no refund or part thereof once public notice has been given.**

2. WRITTEN REQUIREMENTS

____ 2.2 PROPERTY DEED

Submit one copy of the deed(s) the subject property as filed in the Greene County Recorder's Office.

____ 2.4 DESCRIPTION OF REQUEST AND REASONS FOR MINOR CHANGE FORM

Complete and submit the original Description of Request and Reasons for Minor Change form (provided in this packet).

____ 2.5 MINOR CHANGE APPLICATION FORM

Complete and submit the original Minor Change Application form (provided in this packet).

____ 2.6 PREVIOUS ACTION INFORMATION

Submit one copy of all resolutions and minutes of previous meetings and hearings involving the original approval of the zone amendment to PUD District and any previously approved preliminary and final development plans.

____ 2.7 PROPERTY OWNER'S AFFIDAVIT

Complete and submit the original Affidavit (provided).

____ 2.8 CHECKLIST OF REQUIREMENTS

Submit this checklist fully completed.

3. GRAPHIC REQUIREMENTS

____ 3.1 **DEVELOPMENT PLAN**

Submit sixteen (16) **folded** copies of the approved Development Plan subject to this request at a scale of fifty (50) feet to the inch or larger (unless otherwise approved by the Zoning Compliance Officer):

____ 3.2 **REDUCED DEVELOPMENT PLAN**

Submit one (1) copy of the approved development plan subject to this request reduced to an 11" x 17" maximum sheet of paper.

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 Phone Number Date Submitted
(Applicant or Representative)

Printed name of person preparing this checklist

APPLICATION FOR A MAJOR CHANGE TO A PUD PLAN
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 _____

OWNER NAME, OWNER ADDRESS AND PARCEL NUMBER OF EACH PROPERTY INCLUDED IN THIS MODIFICATION REQUEST:

PROPERTY OWNER NAME	PROPERTY OWNER ADDRESS	PARCEL NUMBER

REQUEST RE-DESIGNATION FROM ____ TO ____ TOTAL ACRES _____

(MY) (OUR) INTEREST IN THE PROPERTY IS AS:

OWNER ____ AGENT ____ LESSEE ____ OPTIONEEE ____

APPLICANT _____
Signature Address Phone Number

OWNER(S) _____
Signature Address Phone Number

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

FOR SUGARCREEK TOWNSHIP ZONING OFFICE USE ONLY:

CASE #: _____

DATE RECEIVED: _____

NOTE: THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED CLEARLY

The area of land submit to this modification request contains approximately _____ acres, having frontage of approximately _____ feet, located (1) along the _____ side of _____ approximately _____ feet _____ of _____ or (2) at the _____ corner of the intersection of _____ and _____.

THE APPLICANT SHOULD PREPARE DEFINITIVE STATEMENTS REGARDING THE FOLLOWING (USE ADDITIONAL SHEETS IF NECESSARY):

- 1) What specific changes to the approved development plan are being requested?

- 2) What specific changes in the character and conditions of the area have occurred to make the property no longer suitable or appropriate for development according to the approved development plan?

- 3) What is the benefit that the neighborhood or community as a whole will derive from this change?

- 4) Will the site be accessible from public roads which are adequate to carry the traffic that will be imposed upon them if the requested modification is granted, or will road improvements be required?

