



**SUGARCREEK TOWNSHIP ▪ GREEENE COUNTY ▪ OHIO
ZONING OFFICE**

2090 Ferry Road, Sugarcreek Township, Ohio 45305

TELEPHONE: (937) 848-8426

www.sugarcreektownship.com

**SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR A
ZONING MAP AMENDMENT TO A PLANNED UNIT
DEVELOPMENT DISTRICT/PRELIMINARY DEVELOPMENT PLAN
APPROVAL**

An application for a map amendment/preliminary development plan approval submitted to the Sugarcreek 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 Sugarcreek 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 ZONING MAP AMENDMENT TO A PLANNED UNIT DEVELOPMENT DISTRICT/PRELIMINARY DEVELOPMENT PLAN APPROVAL

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 map amendment 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:** _____/_____/_____

For Greene County Planning Commission in the month of _____.

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** **\$850**

An application for a zoning map amendment to a planned unit development district 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.

Zoning map amendment 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

2.1 METES AND BOUNDS LEGAL DESCRIPTION

Submit on a single 8¹/₂" 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; and
- 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.

2.2 PROPERTY DEED

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

2.3 ADJACENT PROPERTY OWNERS LIST

Submit one typewritten list containing the names, tax mailing addresses and parcel numbers of all owners of property within and contiguous to and directly across the street from the area proposed to be rezoned on mailing labels.

2.4 DESCRIPTION OF REQUEST AND REASONS FOR MAP AMENDMENT FORM

Complete and submit the original Description and Request for Map Amendment form (provided in this packet).

2.5 PUD MAP AMENDMENT APPLICATION FORM

Complete and submit the original Map Amendment Application form (provided in this packet).

2.6 PROPERTY OWNER'S AFFIDAVIT

Complete and submit the original Affidavit (provided).

2.7 CHECKLIST OF REQUIREMENTS

Submit this checklist fully completed.

3. GRAPHIC REQUIREMENTS

3.1 ZONING PLAT

Submit sixteen (16) **folded** 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 designations;
- D. title, scale and north point (north shall be at the top of the plat);
- E. area of the proposed rezoning indicated by crosshatching or shading;
- F. street names and right-of-way lines with line weight heavier than property lines;
- G. distance from subject property to nearest street intersection; and
- H. stamp or seal and signature of engineer or surveyor.

3.2 REDUCED ZONING PLAT

Submit one (1) copy of the zoning plat 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.

3.3 PRELIMINARY DEVELOPMENT PLAN

Submit sixteen (16) **folded** copies of the Preliminary Development Plan at a scale of one hundred (100) feet to the inch or larger (unless otherwise approved by the Zoning Compliance Officer) containing the following information:

- A. name of project, date, scale, north arrow (north shall be top of plan), total number of sheets and sheet number;
- B. name and title of applicant, present owner, etc.;
- C. vicinity map that identifies the site with reference to surrounding areas and to existing street locations;

- D. summary table indicating existing and proposed uses of facilities, proposed parking spaces, parking spaces required by the Zoning Resolution, floor areas and seating capacity (where applicable);
- E. zone of entire site, site (net) area excluding existing streets and rights-of-way;
- F. existing property lines, right-of-way and utility easements for the entire tract and each parcel involved;
- G. location of existing zone boundaries of property and up to 200 feet outside subject site;
- H. existing contour lines (dashed) at five feet intervals or less on site and 200 feet beyond (use two feet intervals where necessary to determine storm drainage) indicate source and date of data;
- I. front, side, and rear yard setbacks for all structures and parking areas;
- J. the use and approximate location of existing structures, pavements, sanitary and storm sewers, sidewalks and curbs, and other physical and natural features; structures to be demolished shown in dashed lines;
- K. base mapping of the property showing the physical features (general topography, drainage ways and water bodies, etc.) and existing land uses;
- L. boundaries of the tract to be developed on a planned unit basis;
- M. highways and streets in the vicinity of the tract, and ingress and egress to the tract;
- N. location of different general land use areas proposed to be developed;
- O. proposed density levels of each residential area and acreage in square feet of business uses;
- P. proposed treatment of existing topography, drainage ways and tree cover;
- Q. proposed general location of major vehicular circulation, showing how the circulation pattern relates to the primary and secondary road alignments designated on the Greene County Thoroughfare Plan;
- R. location of schools, parks, and other community facility sites, if any;
- S. location of any school or fire station sites, if any;
- T. time schedule of the projected development, if the total land holding is to be developed in stages, or if construction is to extend beyond a two year time period;

- U. an open space plan;
- V. For an R-PUCD, the base mapping of the property should indicate slopes greater than 15% by shading, designated wetlands, the floodway boundary and floodway elevation as delineated by the Federal Emergency Management Agency, rivers and streams and their related river and stream bank, ponds, and other water courses and 100-year floodplain areas. A chart identifying associated acreages should be provided; in addition, the total developable area of site (AD as defined in 6.05 (2) of the Sugarcreek Township Zoning Resolution) should be provided;
- W. For an R-PUCD, the BZC’s decision on the Concept Plan, if applicable.

3.2 **REDUCED PRELIMINARY DEVELOPMENT PLAN**

Submit one (1) copy of the preliminary development 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 Phone Number Date Submitted
(Applicant or Representative)

Printed name of person preparing this checklist

APPLICATION FOR A ZONING MAP AMENDMENT TO A PLANNED UNIT DEVELOPMENT DISTRICT/PRELIMINARY DEVELOPMENT PLAN APPROVAL

SUGARCREEK TOWNSHIP ZONING OFFICE
2090 Ferry Road, Sugarcreek Township, 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 WHICH IS REQUESTED FOR PRELIMINARY DEVELOPMENT PLAN APPROVAL:

Table with 3 columns: PROPERTY OWNER NAME, PROPERTY OWNER ADDRESS, PARCEL NUMBER. Contains 3 empty rows for data entry.

REQUEST ZONE DISTRICT CHANGE FROM _____ TO _____ TOTAL ACRES _____

(MY) (OUR) INTEREST IN THE PROPERTY TO BE RECLASSIFIED IS AS:

- Owner, Agent, Lessee, Optionee checkboxes

APPLICANT: Signature Address Phone Number

OWNER(S) Signature Address Phone Number

PROPERTY OWNER'S AFFIDAVIT

STATE OF OHIO
COUNTY OF GREENE

I (we) _____
hereby certify that we are all of the owners of the real estate which is the subject of this pending zoning application; that I (we) consent to the Board of Trustees of Sugarcreek Township rezoning said real estate from _____ to _____; that I (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; that I (we) agree to accept, fulfill and abide by those regulations and all stipulations and conditions attached to the approval of the Planned Unit Development. As owner(s) of the real estate, I (we) consent to the Sugarcreek Township Zoning Office placing 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

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

Notary Public

Person to contact for details, other than signatory:

Name	Address	Phone