An application for a major change to an approved PUD District submitted to the office of the Springfield Township Development Services Department must comply with the requirements and procedures outlined herein.

This packet contains a checklist of general, written, and graphic requirements; application submittal forms; and addendum and examples which explain the zoning amendment process. The checklist together with all required information, original application forms, and copies must be submitted in complete and accurate form before the amendment will be processed by the Development Services Department.

The filing date of the application packet shall be the date on which all information submitted is examined by the Development Services Department and found to meet all the requirements as described in this packet. 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, Zoning Commission or Board of Trustees. Early submission is therefore, highly recommended to assure placement on the agenda and adequate time for revisions and corrections. The office of the Springfield Township Development Services Department maintains a list of monthly meeting and closing dates.
SUBMISSION REQUIREMENTS
FOR A MAJOR CHANGE TO AN APPROVED PUD DISTRICT
SPRINGFIELD TOWNSHIP ZONING RESOLUTION

FOR SPRINGFIELD TOWNSHIP DEVELOPMENT SERVICES DEPARTMENT USE ONLY:

CASE # ___________________________ DATE RECEIVED: ________________________

1. GENERAL REQUIREMENTS

1.1 PRE-APPLICATION MEETING (DATE: ____/____/_____ TIME: ______)

The applicant is to present the concept of the major change and preliminary development plan to the Development Services Department and to obtain and discuss the overall application process before submitting the application packet. Call 522-1410 for appointment. There will be no assurance at any time, implicitly or otherwise, regarding final staff recommendations to the Commission about this application.

1.2 SUBMISSION CLOSING DATE

DATE: _____/ _____/ _____

FOR HAMILTON COUNTY PLANNING COMMISSION IN MONTH OF __________

The application packet must be submitted to the office of the Springfield Township Development Services Department in person, no later THE CLOSING DATE. Prior to submitting the application packet and necessary information, the applicant should revise proposed plans and/or zoning plat as advised by the Development Services Director. After the closing date, the applicant cannot modify any portion of the information submitted unless specifically requested by the staff, Zoning Commission or 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

An application fee for a major change shall be accompanied by a non-refundable payment 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 Springfield Township.

Zoning amendment cancellations must be submitted in writing to the Development Services Department. 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 8 1/2" 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 Hamilton County Recorder's Office.

2.3 ADJACENT PROPERTY OWNERS FORM
Complete and submit the original Adjacent Property Owners form (provided in this packet) containing the names, addresses and tax information of all parcels within two hundred (200) feet of the subject site.

2.4 DESCRIPTION OF REQUEST AND REASONS FOR MAJOR CHANGE FORM
Complete and submit the original Description of Request and Reasons for Major Change form (provided in this packet).

2.5 MAJOR CHANGE APPLICATION FORM
Complete and submit the original Major Change Application form (provided in this packet).

2.6 APPLICANT'S AFFIDAVIT
Complete and submit the original Affidavit (provided in this packet).

2.7 CHECKLIST OF REQUIREMENTS
Submit this checklist fully completed.
3. GRAPHIC REQUIREMENTS

3.1 PRELIMINARY DEVELOPMENT PLAN

Submit thirteen (13) folded copies of the Preliminary Development Plan 24” x 36” (a single drawing at a scale of fifty feet to the inch or larger--unless otherwise approved by the director) showing the items listed below:

- A. name of project, date, scale, north arrow (north shall be top of plan), map title (Preliminary Development 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 area of entire site, site (net) area excluding streets and right-of-ways;
- 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 including 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 and 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 this circulation pattern relates to the primary and secondary road alignments designated on the Hamilton 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 either are required by the Zoning Commission;

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.

3.2 REDUCED PRELIMINARY DEVELOPMENT PLAN

Submit four (4) copies of the preliminary development plan reduced to an 8 1/2” X 11 or 11” X 17” sheet of paper. The information contained on the reduced version shall be the same as, 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 #  Date Submitted
(Applicant or Representative)

Name Printed
APPLICATION FOR A MAJOR CHANGE
TO A PUD DISTRICT
SPRINGFIELD TOWNSHIP DEVELOPMENT SERVICES DEPARTMENT
9150 Winton Road, Cincinnati, Ohio 45231
Telephone: (513) 522-1410

FOR SPRINGFIELD TOWNSHIP DEVELOPMENT SERVICES DEPARTMENT USE ONLY:

CASE # ___________________________ DATE RECEIVED:

FEE RECEIPT # ___________________ RECEIVED BY: ________________

NOTE: THIS APPLICATION MUST BE TYPEWRITTEN - USE ADDITIONAL SHEETS IF NECESSARY

NAME OF APPLICANT ________________________________________________________________

ADDRESS __________________________________________________________________________

PHONE NO. __________________ FAX NO. ____________________________________

CITY/STATE/ZIP ___________________________________________________________________

NAME, ADDRESS & PARCEL NUMBER OF EACH PROPERTY OWNER OF RECORD WITHIN
THE PROPERTY WHICH IS REQUESTED TO BE REZONED:
1. ______________________________________________________________

2. ______________________________________________________________

3. ______________________________________________________________

REQUEST RE-DESIGNATION OF AREA FROM _____________ TO _____________
TOTAL ACRES _______

LOCATION OF PROPERTY TO BE REZONED:
SECTION _____ TOWN _____ RANGE _____
PARCEL (S) _____ _____ _____ _____ _____

PROPERTY ADDRESS ____________________________________________________________

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

OWNER _____ AGENT _____ LESSEE _____ OPTIONEE _____

APPLICANT ____________________________________________
Signature Address Phone Number

OWNER (S) _____________________________________________
Signature Address Phone Number
NOTE: THIS APPLICATION SHOULD BE TYPEWRITTEN

The area of land sought to be changed contains approximately _______ acres, having frontage of approximately _______ feet located (1) along the _______ side 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 are the specific changes in the character and conditions of the area, which have occurred to make the property no longer suitable or appropriate for the existing PUD classification or to make the property appropriate for the proposed PUD district?

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

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

4) Has this change been discussed with regard to traffic design with the Hamilton County Engineer’s office? When? Who?

5) Is the property currently or can it be serviced by public sewer and water and can proper drainage be provided?

6) What is the anticipated proposed use of property and character (architectural treatment) of the development?
ADJACENT PROPERTY OWNERS
SPRINGFIELD TOWNSHIP DEVELOPMENT SERVICES DEPARTMENT
9150 Winton Road, Cincinnati, Ohio 45231
Telephone: (513) 522-1410

FOR SPRINGFIELD TOWNSHIP DEVELOPMENT SERVICES DEPARTMENT USE ONLY:

CASE # ___________________________  DATE RECEIVED: ___________________________

LIST ALL PROPERTY OWNERS WITHIN TWO HUNDRED (200) FEET OF SUBJECT PROPERTY.

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<th>Property Owner</th>
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PROPERTY 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 pending zoning application; that we hereby consent to the Board of Trustees of Springfield Township rezoning the real estate from ________________ to ________________: that we understand that our application will be considered and processed in accordance with the regulations as set forth by the Springfield Township Development Services Department and Zoning Resolution; that we agree to accept, fulfill and abide by those regulations and all stipulations and conditions attached to the major change to the PUD plan. As owner(s) of the real estate that is the subject of the pending zoning application, I hereby consent to the Springfield Township Development Services Department temporarily placing a sign advertising the zoning request on the subject 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 and State

________________________________________
Phone

Subscribed and sworn to before me this __________ day of __________ 20____

________________________________________
Notary Public

Person to be contacted for details, other than signatory:

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<th>Name</th>
<th>Address</th>
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