

VILLAGE OF NORTH BEND, OHIO

21 Taylor Avenue
North Bend, Ohio 45052
PHONE: 513-946-0610

ZONE TEXT AND MAP AMENDMENT SUBMISSION REQUIREMENTS

CASE: _____ APPLICANT: _____

An application for a zone map amendment must comply with the requirements and procedures outlined herein.

PLEASE READ ALL INSTRUCTIONS

1. GENERAL REQUIREMENTS

___ 1.1 Pre-Application Meeting (Date: ___/___/___)

The applicant is to present the concept of a proposal to the Planning Commission or their appointed representative and to obtain and discuss the overall application process before submitting an application.

___ 1.2 Submission Deadline: (Date: ___/___/___ - 6 weeks before 3rd Wednesday of the month)

Application must be submitted to the office of the Village of North Bend 6 weeks prior to the Village Planning Commission meeting to be placed on that month's agenda. Early submission is recommended to assure adequate time for revisions and correction.

___ 1.3 Application Fee:

An application shall be accompanied by a nonrefundable payment to cover the preponderance of cost of holding the public hearing thereon, including personnel costs, advertising and legal notices as required by law or otherwise in connection with said amendment.

2. WRITTEN REQUIREMENTS

___ 2.1 Metes and Bounds Description

Submit IN DUPLICATE on an 8"x11" page(s) 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 developed, is a complete, proper and legal description thereof.

___ 2.2 Application Letter

Submit a letter completely describing the proposed rezoning of the premises. The following information shall be included:

- ___ a. size of the area involved;
- ___ b. description of proposed use (for land and buildings);
- ___ c. character of development (architectural treatment, density, intensity);
- ___ d. description of surrounding land uses;
- ___ e. 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 zoning classification or to make the property appropriate for the proposed use;
- ___ f. the effect on; (1) community objectives and plans (if any are adopted), (2) character of immediate vicinity, (3) adjacent property, and (4) public facilities and services;
- ___ g. other information that the applicant feels is pertinent and would be helpful to the Village Planning Commission in their review.

___ 2.3 List of Surrounding Property Owners

Submit the names and addresses of the owner(s) of every piece of property adjacent to the property. This information may be obtained at the County Auditor's Office located in the Hamilton County Administration Building, 138 E. Court Street, Cincinnati, Ohio.

This list DOES NOT NEED TO BE SUBMITTED if the Village of North Bend has a current contract with the Hamilton County Regional Planning Commission to provide planning and zoning services.

___ 2.4 Application Form

Submit IN DUPLICATE a completed application form signed by the applicant and the owner(s) of the property.

___ 2.5 Checklist of Requirements

Submit this completed form signed by applicant or representative.

3. GRAPHIC REQUIREMENTS

___ 3.1 Zoning Plat

Submit **five (5)** 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 subject site and within three hundred (300) feet of exterior boundary of the subject tract, and the last name of the owners within two hundred (200) feet;
- ___ b. metes and bounds and dimensions of subject property and area contained therein (in acres);
- ___ c. existing zone district boundaries (shown in dashed lines with heavier line weight than property lines) and zone designations (for site and adjacent areas);
- ___ d. title, scale and north arrow (north shall be to top of zoning plat);
- ___ e. area of 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/or section corner;
- ___ h. proposed zone district lines shall extend to the centerline of all dedicated streets; and
- ___ i. surveyor's stamp.

___ 3.2 Proposed Development Plan\Existing Conditions Site Plan (If applying for a PUD)

A proposed development plan is required when applying for a zone change that includes a Planned Unit Development (PUD) request and a separate existing features plan is preferred. However, the existing conditions can be included on the proposed development plan if delineated with lighter line weights, screening or use of other techniques to differentiate existing from proposed features. An architect's, engineer's or surveyor's stamp is permitted for the development plan submission.

___ 3.21 Proposed Features: Submit **ten (10)** copies of the plan (a single drawing) at a scale of fifty (50) feet to the inch or larger showing the items listed below.

- ___ a. name of project, date, scale, north arrow (with north to top of plan), map title, total number of sheets and sheet number;
- ___ b. name and title of applicant, present owner(s) and person preparing map;
- ___ c. vicinity map that identifies the site with references to surrounding areas and to existing street locations;
- ___ d. zone (gross) area of entire site; site (net) area excluding right-of-way;
- ___ e. summary table with the following information:
 - ___ proposed use of all facilities
 - ___ floor area including basements (if nonresidential)
 - ___ number of dwelling units (if residential)
 - ___ parking spaces required by Zoning Code; parking spaces

- _____ provided
- _____ seating capacity (where appropriate)
- _____ density of residential uses (divide number of dwelling units by net site area – excluding right-of-way and access easements)
- _____ Impervious Surface Ratio (I.S.R.) (*see Attachment 2*)
- _____ f. perimeter boundary of subject site;
- _____ g. metes and bounds and dimensions of requested zonechange area;
- _____ h. the general location and use of all proposed structures on the subject site including buildings, recreation facilities, parking facilities, trash stations, dumpster, fences, sewage treatment plant, walls, sidewalks, curbs, heating/a.c. and exhaust equipment, etc.;
- _____ i. location and dimensions of future building additions and phases of implementation if contemplated;
- _____ j. location and dimensions of proposed off-street parking area layout (indicate spaces per bay). Show individual parking spaces, loading areas, aisles, traffic patterns, driveways for ingress and egress, and type of pavement;
- _____ k. specify front, side and rear yard setbacks of structures and parking areas (indicate if at variance with the Zoning Code);
- _____ l. generalized location of anticipated earthwork distinguishing cut from fill;
- _____ m. location and dimensions of proposed landscaping;
- _____ n. construction limits (area to remain undisturbed); location of existing trees or tree masses that will remain and their appropriate diameter (if over 6 inches) or form of canopies;
- _____ o. location, dimensions, and number (including heights and sq. ft.) of all signs; location and general type of exterior lighting (including height, cut-off angle)
- _____ p. location, width, and type of pavement for proposed streets, length of cul-de-sacs, and location of all access points adequately described to enable field location (i.e. exact distance from centerline of nearest street intersection or other fixed feature in closer proximity);
- _____ q. location and details of proposed traffic improvements such as acceleration and deceleration lanes, channelization, etc.;
- _____ r. location and dimensions of right-of-way, easements and all lands to be dedicate to the Village or reserved for specific uses;
- _____ s. typical sections of all rights-of-way;
- _____ t. location of proposed retention and detention basins and storm water management concept (see attachment 4).

_____ **3.22 Existing Features:** Submit **ten (10)** copies of the plan at a scale of fifty (50) feet to the inch or larger showing items listed below. Each of the required features listed below must be shown for a minimum distance of two hundred (200) feet beyond the entire development tract (zone change area).

- _____ a. existing property lines, right-of-way and utility easements for the entire tract and each parcel involved;
- _____ b. location of existing zone boundaries and up to two hundred (200) feet outside subject site;
- _____ c. existing contour lines (dashed) at ten (10) feet intervals or less on site and including two hundred (200) feet beyond (use two (2) foot intervals where necessary to determine storm drainage). Indicate sources and date of data;

- ___ d. existing steep slope areas of 20% (5:1); (steep slopes of 20% and greater include all areas where the horizontal distance between 10-foot contour intervals is equal to or less than fifty (50) feet);
- ___ e. location of landslide prone soils and bedrock (indicate source);
- ___ f. existing mature trees or tree mass (all trees over 6" diameter);
- ___ g. location of watercourses and areas subject to 50 year flood and 100 year flood (indicate source);
- ___ h. the use and approximate location of existing structures, pavements, sanitary and storm sewers, sidewalks and curbs, and other physical and natural features (indicate structures to be demolished in dashed lines).

___ **3.3 Preliminary Grading Plan**

The applicant is **required** to submit five (5) copies of a preliminary grading plan identifying proposed contour lines at 2-ft intervals. The contour lines shall be extended to the adjacent property lines and/or right-of-way.

___ **3.4 Plan-Color/Presentation Copy**

The applicant is **required** to submit a colored proposed development plan **one week prior** to the Hamilton County Regional Planning Commission meeting. The colored proposed development plan shall not be mounted and cannot be smaller than 24" x 36". This proposed development plan will be kept as part of the official file.

___ **3.5 Plan Reduction**

___ Submit **five (5)** copies of the plan reduced to 8 ½" x 11". The reduction need not include any area outside the property lines of the subject site

___ **3.6 Architectural Graphics (upon request)**

- ___ Elevation
- ___ Cross-section
- ___ Typical floor plans

4. CONCEPT REVIEW

___ **4.1 Review of Preliminary Sewer Concept**

The Village will transmit drawings to M.S.D. (Metropolitan Sewer District) and/or O.E.P.A (Ohio Environmental Protection Agency) for concept approval (request for sewer availability).

___ **4.2 Review of Preliminary Access / Circulation Concept & Stormwater Management Plan**

The Village will transmit drawings to the Village Engineer and/or ODOT for review and recommendation.

___ **4.3 Review of Preliminary Fire Prevention Concept**

The Village will transmit drawings to the Miami Township Fire Prevention Officer for review and recommendations.

___ **4.4 Review of Preliminary Landscape, Buffer and Conservation Concepts**

The Village will transmit drawings to the Village Engineer and the Regional Planning Commission Staff for review and recommendations.

___ **4.5 Review of Conformance to Zoning Code any other Adopted Land Use Policies**

The Village will transmit drawings to the Regional Planning Commission for review and recommendations.

___ **4.6 Hillside Trust**

The Village will transmit drawings to The Hillside Trust for any projects that may impact steep slopes.

NOTE:

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.

Person preparing Checklist (applicant or representative)

Date Submitted

* See attachment 3 for additional information and agency addresses.

VILLAGE OF NORTH BEND, OHIO

21 Taylor Avenue
North Bend, Ohio 45052
PHONE: 513-946-0610

APPLICATION FOR ZONING AMENDMENT

Has this proposed Zoning Amendment been discussed with a representative of the Village Planning Commission? _____ Date: _____

Request Change from _____ to _____ Total area _____ acres.

Name of Applicant _____

Address _____ Phone No. _____

Name, Address & Parcel Number of each property owner of record within the area proposed to be reclassified.

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

Location of property in accordance with County Auditor Records:

Book _____ Page(s) _____ Parcel(s) _____

Physical location of property _____

(MY) (OUR) interest in the property proposed to be reclassified is as:

Owner _____ Agent _____ Lessee _____ Optionee _____

Applicant _____	Signature _____	Address _____	Phone No. _____
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Owner _____	Signature _____	Address _____	Phone No. _____
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A filing fee shall accompany the completed application. (See Attachment 4)
Make check payable to: Village of North Bend

THERE SHALL BE NO REFUND OR PART THEREOF ONCE PUBLIC NOTICE HAS BEEN GIVEN.

Note: Although the Applicant may not be the same as the owner(s), the owner(s) shall co-sign as applicants for an amendment.

Attachment 1

COMPLETE ITEMS 1 THRU 4 AND ALL OTHER
APPLICABLE SPACES ON THIS FORM.

	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NO.
(1) APPLICANT						
(2) OWNER						
(3) PLANS BY						
(4) BILLING TO						
(5) CONTRACTOR						
(6) DEVELOPER						
(7) ATTORNEY						

IMPERVIOUS SURFACE RATIO CALCULATION SHEET

IMPERVIOUS SURFACE Any hard surfaced, man-made area that does not readily absorb or retain water, including but not limited to building roofs, parking areas, sidewalks and paved recreational facilities.

IMPERVIOUS SURFACE RATIO (ISR) The total area of impervious surfaces divided by the net area (excluding right-of-way) of the lot.

Site _____ Identification _____

Lot Area _____ sq. ft.

Impervious Surfaces:

- 1. Building footprint _____ sq. ft.
- 2. Parking & Drive areas _____ sq. ft.
- 3. Access easements _____ sq. ft.
- 4. Walkways _____ sq. ft.
- 5. Other _____ sq. ft.

Total Impervious Surfaces _____ sq. ft.

Total Impervious Surface = Impervious Surface Ratio _____ %
Lot Area

I, _____(Signature) certify that the calculations submitted above for the Impervious Surface Ratio are accurate and complete.
(Date)_____

Attach your Business Card or submit your complete name, address and telephone, fax, e-mail in the space below.

Attachment 3

ADDRESSES OF APPLICABLE DEPARTMENTS AND AGENCIES

COUNTY AUDITOR
138 E. Court St., Room 304
Cincinnati, OH 45202
(513) 946-4000

VILLAGE ENGINEER
JMA Consultants
2021 Auburn Avenue
Cincinnati, Ohio 45219
(513) 721-5500

DEPT. OF BUILDING COMMISSIONER
138 E. Court St., Room 802
Cincinnati, OH 45202
(513) 946-4550

ODOT (OHIO DEPARTMENT OF
TRANSPORTATION)
505 South State Route 741
Lebanon, Ohio 45036-9518
(800) 831-2142

REGIONAL PLANNING COMMISSION
138 E. Court St., Room 807
Cincinnati, OH 45202
(513) 946-4500

RURAL ZONING COMMISSION
138 E. Court St., Room 804
Cincinnati, OH 45202
(513) 946-4501

METROPOLITAN SEWER DISTRICT
1600 Gest St.
Cincinnati, OH 45204
(513) 352-4850

HAMILTON CO. BOARD OF HEALTH
250 William Howard Taft Road, 2nd Floor
Cincinnati, OH 45219
(513) 946-7800

HAMILTON CO. SOIL & WATER
CONSERVATION DISTRICT
1325 E. Kemper Road, Suite 115
Cincinnati, OH 45246
(513) 772-7645

Attachment 4

FEE SCHEDULE
ZONING MAP AMENDMENTS

ZONE DISTRICTS	FEE
RESIDENTIAL	
Zoning Map Amendments - Single Family Districts	\$1,695.00
Zoning Map Amendments - Multiple Family Districts	\$1,695.00 plus \$517.00 per acre (\$12,623.00 cap)
NON-RESIDENTIAL	
Zoning Map Amendments	\$1,695.00 plus \$517.00 per acre (\$12,623.00 cap)

Calculate gross property acreage using whole numbers:

- A. .1 to .4 acres – round down (i.e. 2.4 acres = 2 acres)
- B. .5 to .9 acres – round up (i.e. 2.5 acres = 3 acres)

Gross acreage: _____ Calculated acreage: _____

_____ x 517 = _____ + \$1,695 = _____
 Calculated acreage Amendment fee

_____ x 5% = _____
 Amendment fee Technology fee

_____ + _____ = _____
 Amendment fee Technology fee Total Amendment fee

Make checks payable to: Hamilton County Treasurer.

Amendment processing fees are nonrefundable.

DATE APPLICATION RECEIVED: _____ COMPLETE: _____ FEE PAID: _____