



CITY OF BELLBROOK

APPLICATION FOR ZONING AMENDMENT

15 EAST FRANKLIN STREET, BELLBROOK, OHIO 45305
(937) 848-4666 WWW.CITYOFBELLBROOK.ORG

DATE RECEIVED 2 / 24 / 23 STAFF USE APPLICATION # ZC 2023-PB-01

APPLICANT INFORMATION

PROPERTY OWNER TREIG LLC PHONE NUMBER 937-475-6579
 OWNER ADDRESS 2290 Lakeview Dr, Dayton Oh 45431
 APPLICANT NAME Joseph P. Dillon PHONE NUMBER 513-618-8909
 APPLICANT ADDRESS 308 E. 8th St, Cincinnati, Ohio 45202
 APPLICANT EMAIL jdillon@bciaep.com

REQUEST INFORMATION

PROPERTY ADDRESS TO BE REZONED 4441 Franklin Rd (SR 725), Bellbrook, Ohio 45305
 SUBDIVISION _____ LOT NUMBER _____ PARCEL ID L35000200130017900
 PRESENT ZONING DISTRICT PD-2 PROPOSED ZONING DISTRICT PD-2
 PRESENT USE Commercial
 PROPOSED USE _____
 OTHER COMMENTS For Parking Lot addition of 20 spaces in rear of main building.

SEE THE REVERSE OF THIS PAGE FOR ADDITIONAL INFORMATION TO BE INCLUDED WITH AN APPLICATION FOR ZONING AMENDMENT.

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT CONSTITUTE APPROVAL FOR ANY ADMINISTRATIVE REVIEW, CONDITIONAL USE PERMIT, VARIANCE, OR EXCEPTION FROM ANY OTHER CITY REGULATIONS WHICH ARE NOT SPECIFICALLY THE SUBJECT OF THIS APPLICATION. I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT CONSTITUTE APPROVAL OF A BUILDING OCCUPANCY PERMIT. I UNDERSTAND FURTHER THAT I REMAIN RESPONSIBLE FOR SATISFYING REQUIREMENTS OF ANY PRIVATE RESTRICTIONS OR COVENANTS APPURTENANT TO THE PROPERTY.

I CERTIFY THAT I AM THE APPLICANT AND THAT THE INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE CITY IS NOT RESPONSIBLE FOR INACCURACIES IN INFORMATION PRESENTED, AND THAT INACCURACIES MAY RESULT IN THE REVOCATION OF THIS ZONING CERTIFICATE AS DETERMINED BY THE CITY. I FURTHER CERTIFY THAT I AM THE OWNER OR PURCHASER (OR OPTION HOLDER) OF THE PROPERTY INVOLVED IN THIS APPLICATION, OR THE LESSEE OR AGENT FULLY AUTHORIZED BY THE OWNER TO MAKE THIS SUBMISSION.

I CERTIFY THAT STATEMENTS MADE TO ME ABOUT THE TIME IT TAKES TO REVIEW AND PROCESS THIS APPLICATION ARE GENERAL. I AM AWARE THAT THE CITY HAS ATTEMPTED TO REQUEST EVERYTHING NECESSARY FOR AN ACCURATE AND COMPLETE REVIEW OF MY PROPOSAL; HOWEVER, AFTER MY APPLICATION HAS BEEN SUBMITTED AND REVIEWED BY CITY STAFF, I UNDERSTAND IT MAY BE NECESSARY FOR THE CITY TO REQUEST ADDITIONAL INFORMATION AND CLARIFICATION.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

APPLICANT SIGNATURE _____ DATE / /

OFFICE USE ONLY		
APPLICATION FEE	PAYMENT TYPE	REVIEW AUTHORITY
\$ <u>350⁰⁰</u>	CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> # <u>1937</u>	ADMINISTRATIVE, PLANNING BOARD, CITY COUNCIL
PLANNING BOARD	MEETING DATE <u>3 / 16 / 23</u>	APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>
CITY COUNCIL	MEETING DATE <u> </u> / <u> </u> / <u> </u>	APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>