



# CITY OF BELLBROOK

## APPLICATION FOR ZONING AMENDMENT

15 EAST FRANKLIN STREET, BELLBROOK, OHIO 45305  
(937) 848-4666 [WWW.CITYOFBELLBROOK.ORG](http://WWW.CITYOFBELLBROOK.ORG)

DATE RECEIVED 5 / 21 / 23

STAFF USE

APPLICATION # 2024-PB-01

### APPLICANT INFORMATION

PROPERTY OWNER CITY OF BELLBROOK

PHONE NUMBER 937 848 4622

OWNER ADDRESS 15 E FRANKLIN STREET

APPLICANT NAME CITY OF BELLBROOK

PHONE NUMBER 937 848 4622

APPLICANT ADDRESS 15 E FRANKLIN STREET BELLBROOK, OHIO 45305

APPLICANT EMAIL jfoster@cityofbellbrook.org

### REQUEST INFORMATION

PROPERTY ADDRESS TO BE REZONED 12 W FRANKLIN STREET

SUBDIVISION OLD VILLAGE DISTRICT LOT NUMBER 53 PARCEL ID L35000100020004200

PRESENT ZONING DISTRICT B-4 PROPOSED ZONING DISTRICT PD-4 (MIXED USE)

PRESENT USE VACANT

PROPOSED USE SERVICE INDUSTRY

OTHER COMMENTS THE APPLICATION FOR RE-ZONING WILL SERVE AS THE FIRST STEP IN REDEVELOPMENT OF THE PROPERTY.

**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

*J Foster*

DATE 5 / 21 / 24

OFFICE USE ONLY	
<p><b>WAVED</b></p> <p>APPLICATION FEE</p> <p>\$ <u>0</u></p>	<p>PAYMENT TYPE</p> <p>CASH <input type="checkbox"/> CHECK <input type="checkbox"/> #</p>
<p>PLANNING BOARD</p> <p>CITY COUNCIL</p>	<p>REVIEW AUTHORITY</p> <p>ADMINISTRATIVE, PLANNING BOARD, CITY COUNCIL</p> <p>MEETING DATE <u>6 / 20 / 24</u> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/></p> <p>MEETING DATE <u>6 / 24 / 24</u> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/></p>