

West Chester Township, Butler County  
Community Development Department  
Zoning Commission

June 12, 2019

REQUEST FOR COMMENTS

Planet Fitness has submitted an application to the West Chester Township Community Development Department requesting a Final Development Plan approval for Liberty Way and Foster Lane Case # FDP-07-19-B Keefe Property, Tract 2 & 3; Planet Fitness. The applicant is requesting approval for a two-story, 30,650 sq. ft. indoor, recreational facility. The subject case is scheduled to be heard by the West Chester Township Zoning Commission on July 15, 2019.

Please return all comments to us by **June 28, 2019**.

Please submit any comments relevant to the case that may be included in the Community Development Department staff report. Your comments can be faxed or emailed to:

Timothy Dawson  
West Chester Township  
Community Development Department  
9577 Beckett Road, Suite 100  
West Chester, OH 45069  
tdawson@westchesteroh.org  
Fax: (513) 874-6804

Thank you for your input.

- Chief Prinz, West Chester Township Fire Department
- Eric Pottenger, Butler County Engineer's Office (Res)
- Teresa Barnes, Butler County Engineer's Office (Comm)
- District Administrator, Butler County Soil & Water Conservation District
- Steve Thompson, Butler County Environmental Services
- Jeff Agnew, Butler County Health Department
- Tim Franck, West Chester Township Community Services Department
- Chief Herzog, West Chester Police Department
- Permits Office, ODOT
- Jim Fox, Butler County Building Department
- Zeb Acuff, Butler County Planning Commission (ZMA,MC, ZTA)



Comments:

Empty rectangular box for providing comments.



Application for a Planned Unit Development  
**FINAL DEVELOPMENT PLAN**  
 WEST CHESTER COMMUNITY DEVELOPMENT DEPARTMENT  
 9577 BECKETT ROAD • SUITE 100 • WEST CHESTER, OHIO 45069-5014



<b>A. APPLICANT INFORMATION</b> NAME: <u>Planet Fitness - Bob Hamilton</u> PHONE: (518 ) <u>857 - 5098</u> ADDRESS: <u>8886 Bayside Court</u> CITY/ST/ZIP: <u>Mason, Ohio 45040</u> EMAIL: <u>buildingpalnets@gmail.com</u> APPLICANT IS THE: <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> LESSEE <input type="checkbox"/> AGENT <input checked="" type="checkbox"/> OPTIONEE	CASE # <u>FDP 07-19-B</u> DATE OF APPLICATION <u>June 1 1 2019</u> Tract 243 Planet Fitness
<b>B. PLANNED UNIT DEVELOPMENT INFORMATION</b> TYPE OF PUD: <input type="checkbox"/> C-PUD <input type="checkbox"/> R-PUD <input type="checkbox"/> I-PUD <input checked="" type="checkbox"/> SP-PUD NAME OF PUD: <u>The Oaks at Wetherington</u> ORIGINAL DATE OF PUD APPROVAL: _____	
<b>C. PROPERTY LOCATION INFORMATION</b> PROPERTY ADDRESS: _____ CITY/ST/ZIP: _____ GENERAL LOCATION (IF NO ADDRESS): <u>Liberty Way along Foster Lane</u> SECTION: <u>18</u> TOWN: <u>3E</u> RANGE: <u>2N</u> TYPE OF PROPERTY: <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	<b>PAYMENT INFORMATION</b> FEE AMOUNT: <b>\$250.00</b> RECEIPT #: <u>46053</u> RECEIVED BY: <u>BKW</u>
<b>D. PARCEL &amp; PROPERTY OWNER INFORMATION (LIST ALL PARCELS AND PROPERTY OWNERS THAT ARE INCLUDED WITH THIS APPLICATION)</b>	
1. PARCEL #: <u>M561002000153</u> - - - NAME: <u>Liberty Way Investments</u> PHONE: ( ) - - - ADDRESS: <u>4016 Townsfair Way Suite 201, Columbus OH 43219</u> 2. PARCEL #: <u>M</u> - - - - NAME: _____ PHONE: ( ) - - - ADDRESS: _____ 3. PARCEL #: <u>M</u> - - - - NAME: _____ PHONE: ( ) - - - ADDRESS: _____ 4. PARCEL #: <u>M</u> - - - - NAME: _____ PHONE: ( ) - - - ADDRESS: _____	
<b>E. DESCRIPTION OF REQUEST</b> <u>Zoning certificate approval for a new ground up Planet Fitness Health Club.</u> _____ _____	

As the Applicant, I do hereby agree that I am the Property Owner, or I am submitting this application on behalf of the Property Owner with their knowledge and understanding. Furthermore, I hereby certify that the information and statements provided on this application, drawings and specifications are true and correct to the best of my knowledge and belief. I understand that all information submitted with this application will be assumed to be correct and the Applicant shall assume responsibility for any errors and/or inaccuracies resulting in an improper application.

Printed Name: Bob Hamilton Date: 6/10/2019

Applicant Signature: [Signature]