



UNION TOWNSHIP

COMMUNITY IMPROVEMENT CORPORATION

BOARD OF TRUSTEES

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MT. CARMEL REVITALIZATION GRANT PROGRAM 2025 FINANCIAL ASSISTANCE APPLICATION

IV. ELIGIBILITY REQUIREMENTS

1. Is the Property Located within the Mt. Carmel Business Corridor Overlay District?

YES (Attach tax map from Clermont Co. Auditor)
 NO

2. Has the current or proposed use received zoning approval from the Union Township Planning & Zoning Department?

YES ZONING CASE NUMBER APPROVING DEVELOPMENT?
 NO _____

3. Is the property current on all property taxes and/or special assessments levied thereon?

YES (Attach tax payment history from Clermont Co. Auditor)
 NO

V. AFFIDAVIT

I hereby swear and affirm that the property is current on all mortgages and other recorded encumbrances, and that are no outstanding liens against the subject property. Additionally, I certify that all information provided within this application for financial assistance is true and correct, and that I am authorized to make this application as the property owner, authorized tenant, or on behalf of the owner or tenant as their duly appointed representative. I certify that no sexually oriented business, as defined in Article 12 of the Union Township Zoning Resolution, shall be the beneficiary or recipient of these grant funds, if awarded. I further swear and affirm that all information contained within this application is true and correct, to the best of my knowledge, and that knowingly providing false or misleading information within this application will result in forfeiture of awarded grant funds, and the pursuit of any other civil and/or criminal penalties available, whether in law or in equity, as permitted by law.

Applicant

STATE OF OHIO

COUNTY OF _____ SS

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

UNION TOWNSHIP CIC, INC.
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