

Application to the
UNION TOWNSHIP
ZONING COMMISSION
4350 Aicholtz Road
Cincinnati, OH 45245
(513) 753-2300

Case# _____

Date _____

APPLICATIONS CONTAINING INCOMPLETE INFORMATION WILL BE RETURNED.
PLEASE SUBMIT 15 COPIES OF THE APPLICATION & ALL SUPPORTING DOCUMENTS (ORIGINAL SET + 14)

I. PROPERTY INFORMATION

Property located at* _____

*State full address if assigned, otherwise, describe location specifically.

Clermont County Auditor's Tax Parcel Number (PIN#) _____ - - - - -

Additional parcel numbers (if applicable)* _____

*If rezoned, all parcels comprising the development must be consolidated before a zoning certificate will be issued.

II. APPLICANT INFORMATION

A. Name* _____ Phone _____

Mailing Address _____

*Applicant must be the owner or lessee of the property (R.C. 519.12(A)). An original affidavit contained in Section V below must be executed and submitted by least one owner or lessee of each parcel contained in this application.

B. Contact Person _____ Phone _____

Company _____

Relationship to Applicant _____

Mailing Address _____

III. AMENDMENT INFORMATION

A. If the amendment proposes to alter the text of the Zoning Resolution, attach:

1. Typed description of why the amendment is appropriate.
2. Typed copy of the text as it would appear in the Resolution (also identifying

stricken language).

3. Application fee as established by the Township Trustees.
- B. If the amendment proposes to alter the zoning map, attach:
 1. List, for each parcel to be rezoned, the owner's name as it appears on the Clermont County auditor's current tax list, the Clermont County auditor's tax parcel number, and the property address.
 2. List of adjacent property owners (see attached form).
 3. Photocopy of tax map with subject property highlighted.
 4. Legal description of property (see deed).
 5. Development plans.
 6. Application fee as established by the Township Trustees.

IV. SUPPORTING INFORMATION

D. How is the proposed zoning district appropriate considering surrounding zoning and land use?

V. AFFIDAVIT

I hereby depose and say that I have familiarized myself with the rules and regulations of the Union Township Zoning Resolution with respect to preparing this application. I hereby certify that I have read the foregoing document and supplements attached thereto and that I have answered all questions fully and to the best of my ability. I hereby attest to the truth and exactness of the information supplied herewith and that I am the owner or lessee of the property to be rezoned.

Applicant*

*If the property is owned by a corporation or partnership, signator must be an authorized officer or partner.

STATE OF OHIO

COUNTY OF

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

Notary Public

My commission expires

VI. ADJACENT PROPERTY OWNERS

The following are the individuals, entities, or corporations and their mailing addresses as they appear in the county auditor's tax list as owners of property adjacent to the subject property. **Adjacent property owners include those across streets and touching the property in any manner.** (Use additional sheets if necessary).

1. Name _____	Parcel ID# _____
Mailing Address _____	
2. _____	Parcel ID# _____

3. _____	Parcel ID# _____

4. _____	Parcel ID# _____

5. _____	Parcel ID# _____

6. _____	Parcel ID# _____

7. _____	Parcel ID# _____

8. _____	Parcel ID# _____

9. _____	Parcel ID# _____

10. _____	Parcel ID# _____

11. _____	Parcel ID# _____

12. _____	Parcel ID# _____

13. _____	Parcel ID# _____
