

APPLICATION FOR APPROVAL OF AN  
OVERLAY DISTRICT PLAN  
TO THE  
UNION TOWNSHIP  
BOARD OF TRUSTEES  
4350 Aicholtz Road  
Cincinnati, OH 45245  
(513) 753-2300

Case#	_____
Date	_____

**APPLICATIONS CONTAINING INCOMPLETE INFORMATION WILL BE RETURNED.  
PLEASE SUBMIT TEN COPIES OF APPLICATION & SUPPORTING DOCUMENTS (ORIGINAL SET + 9)**

**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)\* \_\_\_\_\_

\*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 (O.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. SUPPORTING DOCUMENTS REQUIRED FOR APPLICATION

1. Photocopy of tax map with subject property highlighted.
2. Legal description of property (see deed).
3. Development plans.
4. Application fee as established by the Township Trustees.

#### IV. SUPPORTING INFORMATION

A. Existing Zoning District \_\_\_\_\_

Existing Land Use \_\_\_\_\_

Proposed Focus Area District and Classification Category \_\_\_\_\_

Proposed Land Use \_\_\_\_\_

B. Describe the characteristics of the Parcel/Project for consideration by the Board of Trustees (use additional sheet if necessary):

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, signatory must be an authorized officer or partner.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, of this year

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_