

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):

[illegible]

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 _____