



**UNION TOWNSHIP  
PLANNING DEPARTMENT  
4350 AICHOLTZ ROAD  
CINCINNATI, OH 45245  
513-753-2300**

<b>FOR OFFICE USE ONLY</b>	
<b>CERTIFICATE NO.</b> _____	
<b>DATE</b> _____	
<b>EOC</b> _____	<b>NOC</b> _____
<b>CC</b> _____	<b>NC</b> _____

**Parcel I.D. Number**

## TEMPORARY USE PERMIT

**Zoning District :** \_\_\_\_\_

**APPLICATION TYPE:** *(Check One)*

<u>APPLICATION TYPE:</u> <i>(Check One)</i>	<u>FEES SCHEDULE</u>	<u>QTY.</u>
<input type="checkbox"/> Seasonal Sales	\$115.00	_____
<input type="checkbox"/> Temporary Construction Trailer	\$115.00	_____
<input type="checkbox"/> Temporary Outdoor Sales Other Lots (Not in parking area) **SEE NOTES	\$115.00	_____
<input type="checkbox"/> Temporary Outdoor Sales (within a parking lot) ***SEE NOTES	\$115.00	_____

**NAME OF COMPANY OR ORGANIZATION SEEKING TEMP USE:**

**NAME OF PERMANENT BUSINESS ON SITE:** \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CONTACT PERSON REQUESTING CERTIFICATE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**COMPANY OR ORGANIZATION MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PROPERTY OWNER NAME:** **PHONE:**

**STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

For more information, visit [www.ams.org](http://www.ams.org).

**TYPE OF STRUCTURE:** *(Indicate type)*

- Tent
- Trailer
- Other: \_\_\_\_\_

*(please specify)*

**SETBACKS FROM PROPERTY LINE:**

Front Yard to R/W	feet
Rear Yard	feet
Left Side Yard	feet
Right Side Yard	feet

## LENGTH OF USE

**TEMPORARY CONSTRUCTION TRAILER:** \_\_\_\_\_ *(If not applicable, skip to next section)*

**Starting Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_ **# of Days:** \_\_\_\_\_

CONSTRUCTION TRAILERS AUTHORIZED FOR UP TO ONE (1) YR – MUST BE REMOVED UPON PROJECT COMPLETION

<b>TEMPORARY OUTDOOR SALES OR FESTIVALS:</b>		<i>(If not applicable, skip to next section)</i>
Starting Date:	Ending Date:	# of Days:
<b>HAS THIS VENDOR RECEIVED PREVIOUS AUTHORIZATION FOR TEMPORARY SALE IN LAST 12 MONTHS AT THIS LOCATION?</b>		
<input type="checkbox"/> YES	If so, identify all dates: _____	
<input type="checkbox"/> NO		
*** SALES MAY NOT EXCEED 4 CONSECUTIVE DAYS IF WITHIN A PARKING AREA (MAX 3 TIMES ANNUALLY PER VENDOR)		
** SALES MAY NOT EXCEED 2 CONSECUTIVE DAYS IF LOCATED OUTSIDE OF PARKING AREA (MAX 3 TIMES ANNUALLY PER LOT OF RECORD)		

<b>SEASONAL SALES:</b>		
Starting Date:	Ending Date:	# of Days:

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**Signature of Applicant**

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Date

**SUBMIT TWO COPIES OF SITE PLAN  
SUBMIT SIGNED AUTHORIZATION FROM THE PROPERTY OWNER(S)  
\*\*\*\*\* ALL TENTS OR AWNINGS MUST SUBMIT COMPLETED UNION TOWNSHIP FIRE DEPT.  
APPLICATION/FEES**

**INCOMPLETE APPLICATIONS WILL BE REJECTED**