



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

FOR OFFICE USE ONLY

CERTIFICATE NO. _____

DATE _____

EOC _____ NOC _____

CC _____ NC _____

Parcel I.D. Number

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Zoning District : _____

RESIDENTIAL PERMIT

APPLICATION TYPE: (Check One)

☐ New Single Family Dwelling – Detached

☐ New Single Family Dwelling – Attached on a separate lot – ***SEE NOTE

☐ New Single Family Dwelling – Attached on a common lot – ***SEE NOTE

☐ New Multi-Family Dwelling ***SEE NOTE

☐ Residential Addition to an Existing Dwelling

FEE SCHEDULE

\$(8\$.00

\$420.00 per unit

\$420.00 per unit

\$225.00 per unit

\$85.00

QTY.

PROJECT STREET ADDRESS: _____

SUBDIVISION AND LOT NUMBER: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

COMPANY SEEKING PERMIT: _____

CONTACT: _____

STREET ADDRESS: _____

PHONE: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PROPERTY OWNER NAME: _____

PHONE: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

MANUFACTURED HOME:	CORNER LOT:
<input type="checkbox"/> Yes- attach supplement	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

SETBACKS FROM PROPERTY LINE:	
Front Yard to Right of Way	_____ Ft
Rear Yard	_____ Ft
Left Side Yard	_____ Ft
Right Side Yard	_____ Ft

SINGLE FAMILY RESIDENTIALCONSTRUCTION
NEW CONSTRUCTION OR ADDITION:

NET LOT AREA OF PARCEL: _____ Sq. Ft.

WIDTH OF LOT (AT SETBACK): _____ Ft.

TOTAL FLOOR AREA (NEW): _____ Sq. Ft.

TOTAL FLOOR AREA (ADDITION): _____ Sq. Ft.

STRUCTURE HEIGHT: _____ Ft.

NUMBER OF STORIES: _____ Ft.

TOTAL NUMBER OF EXISTING BUILDINGS ON PARCEL: _____

(Excluding the proposed Structure)

WILL A DECK BE INSTALLED: (if yes, show on site plan and include in Setback measurements)

☐ YES

☐ NO

EXCLUDE BASEMENT, ATTIC, GARAGE, & SEASONAL AREAS FROM SQUARE FOOTAGE CALCULATION

I hereby apply for a zoning certificate from Union Township. I affirm that all information provided herewith is true and correct, and that I am authorized to make this application. I understand and agree that any zoning certificate issued may be revoked if error, omission or misrepresentation occurred concerning this application. I understand and agree that the zoning certificate will expire and be automatically revoked if construction is not begun within one year of issuance or completed within two years of issuance.

Signature of Applicant _____

Date _____

SUBMIT TWO COPIES OF SITE PLAN
SUBMIT SIGNED AUTHORIZATION FROM THE PROPERTY OWNER(S)
***NOTE: ALL ATTACHED DWELLINGS MUST SUBMIT
COMPLETED UNION TOWNSHIP FIRE DEPT. APPLICATION/FEES***
INCOMPLETE APPLICATIONS WILL BE REJECTED