



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 : _____

COMMERCIAL DEVELOPMENT
PERMIT

APPLICATION TYPE:	(Check One)	FEE SCHEDULE	QTY.
<input type="checkbox"/>	Change of Use (or New Occupant)	\$115.00	_____
<input type="checkbox"/>	New Commercial [less than 1,500 sq.ft.]	\$295.00 minimum fee	_____
<input type="checkbox"/>	New Commercial [greater than 1,501 sq.ft.]	\$0.20 per sq. ft. up to \$50,000.00	_____

DEVELOPMENT NAME: _____

NAME OF BUSINESS: _____

BUILDING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

COMPANY SEEKING CERTIFICATE: _____

CONTACT PERSON: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROPERTY OWNER NAME: _____ PHONE: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARKING INFORMATION

Number of Existing Spaces on Site _____

Number of New Spaces _____

Typical Dimensions _____

Drive Aisle Dimensions _____

To be Paved in: ☐ Asphalt/ Tar & Chip

☐ Pavers ☐ Concrete

SETBACK INFORMATION

Front Yard to Right of Way _____ feet

Rear Yard _____ feet

Left Side Yard _____ feet

Right Side Yard _____ feet

TYPE OF LIGHTING TO BE PROVIDED: _____

(if applicable)

[***SUBMIT TYPICAL LIGHTING DETAILS WITH APPLICATION***]

GENERAL PROJECT INFORMATION

Total Floor Area of New Project: _____ Sq. Ft.

Final Square Footage (New & Existing): _____ Sq. Ft.

Number of Stories Proposed: _____

Proposed Structure Height: _____ Ft

Net Lot Area: _____ Sq. Ft.

Number of Employees on largest shift _____

Zoning Case Number Approving Development (if applicable): _____

Project Phase (if applicable): _____

Provide Detailed Description of Activities on Site/Proposed Use: _____

Detailed Description of Previous Use: _____

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 AND FLOOR PLAN

SUBMIT SIGNED AUTHORIZATION FROM THE PROPERTY OWNER(S)

COMPLETED UNION TOWNSHIP FIRE DEPARTMENT APPLICATION/FEEs MANDATORY

INCOMPLETE APPLICATIONS WILL BE REJECTED