



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 : _____

ACCESSORY STRUCTURE/USE
PERMIT

APPLICATION TYPE: (Check One)	FEE SCHEDULE	QTY.
<input type="checkbox"/> Fence	\$45.00	_____
<input type="checkbox"/> Accessory Structure - Single Family Deck	\$65.00	_____
<input type="checkbox"/> Accessory Structure - Swimming Pool	\$65.00	_____
<input type="checkbox"/> Accessory Structure – Garage/Shed (larger than 120 sq. ft.)	\$65.00	_____
<input type="checkbox"/> Accessory Structure – Storage Shed (120 sq. ft. or smaller)	\$45.00	_____
<input type="checkbox"/> Residential Driveway Modification or Expansion	\$40.00	_____

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

COMPANY REQUESTING PERMIT: _____ CONTACT PERSON: _____

STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____

PROPERTY OWNER NAME: _____ PHONE: _____

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

SETBACKS FROM PROPERTY LINE:	GENERAL NOTES
<div>FRONT YARD TO RIGHT OF WAY _____ FT.</div> <div>REAR YARD _____ FT.</div> <div>LEFT SIDE YARD _____ FT.</div> <div>RIGHT SIDE YARD _____ FT.</div>	<div>1. NO STRUCTURES CAN BE LOCATED WITHIN FRONT YARD</div> <div>2. MINIMUM SIDE/REAR YARD SETBACK IS 5 FT FROM PROPERTY LINE</div> <div>3. ACCESS TO POOLS MUST BE CONTROLLED BY FENCE BEFORE FILLING WITH WATER</div>

DECK (Complete if Applicable)	
LENGTH: _____	FT.
WIDTH: _____	FT.
TOTAL FLOOR AREA: _____	Sq. Ft.
HEIGHT OF DECK: _____	FT.
<u>NOT PERMITTED IN FRONT YARD</u>	

FENCE (Complete if Applicable)
NEW FENCE LENGTH: _____ FT.
<u>NOT PERMITTED IN FRONT YARD</u>

POOL (Complete if Applicable)	
LENGTH: _____	FT.
WIDTH: _____	FT.
DIAMETER: _____	FT.
<input type="checkbox"/> IN-GROUND? <input type="checkbox"/> ABOVE GROUND? <input type="checkbox"/> ABOVE GROUND WITH ATTACHED DECK?	
Is POOL ENCLOSED BY FENCE:	<input type="checkbox"/> YES <input type="checkbox"/> NO

ACCESSORY STRUCTURE (Complete if Applicable)	
Floor Area of Proposed Structure: _____ Sq. Ft.	Number of existing DETACHED structures: _____
Length: _____ Ft.	Has a Principal Structure already been built on this property?
Width: _____ Ft.	<input type="checkbox"/> YES
Height: _____ Ft.	<input type="checkbox"/> NO

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)

INCOMPLETE APPLICATIONS WILL BE REJECTED