## 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#	
Data	
Date	

## APPLICATIONS CONTAINING INCOMPLETE INFORMATION WILL BE RETURNED. PLEASE SUBMIT TEN COPIES OF APPLICATION & SUPPORTING DOCUMENTS (ORIGINAL SET + 9)

I. Pl	ROPE	RTY INFORMATION				
		perty located at*te full address if assigned, otherwise, describe location specifically.				
	Cle	rmont 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 affidavir contained in Section V below must be executed and submitted by least one owner or lessee of each parcel contained in this application.				
	В.	Contact PersonPhone				
		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		
		Developed III		
		Proposed Land Use		
	B.	Describe the characteristics of the Parcel/Project for consideration by the Board of Trustees (use additional sheet if necessary):		

## 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, sig	natory must be an author	ized officer or partner.
07475.05		
STATE OF		
COUNTY OF		
Subscribed and sworn to before me this	day of	, of this year
·		
Notary Public		
My commission expires		