



**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**

<u>APPLICATION TYPE:</u> (Check One)	<u>FEE SCHEDULE</u>	<u>QTY.</u>
<input type="checkbox"/> Change of Use (or New Occupant)	\$100.00	_____
<input type="checkbox"/> New Commercial [less than 1,500 sq.ft.]	\$255.00 minimum fee	_____
<input type="checkbox"/> New Commercial [greater than 1,501 sq.ft.]	\$0.17 per sq. ft. up to \$25,000.00	_____

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: <input type="checkbox"/> Asphalt/ Tar & Chip _____
<input type="checkbox"/> Pavers _____ <input type="checkbox"/> 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.	Zoning Case Number Approving Development _____ <small>(if applicable):</small>
Final Square Footage (New & Existing): _____ Sq. Ft.	_____
Number of Stories Proposed: _____	Project Phase <small>(if applicable)</small> : _____
Proposed Structure Height: _____ Ft	_____
Net Lot Area: _____ Sq. Ft.	_____
Number of Employees on largest shift _____	_____

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**