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

									.

TEMPORARY USE PERMIT

Zoning District : _____

APPLICATION TYPE: *(Check One)*	**FEE SCHEDULE**	**QTY.**
☐ Seasonal Sales	$100.00	_____
☐ Temporary Construction Trailer	$100.00	_____
☐ Temporary Outdoor Sales Other Lots (Not in parking area) **SEE NOTES	$100.00	_____
☐ Temporary Outdoor Sales (within a parking lot) ***SEE NOTES	$100.00	_____

NAME OF COMPANY OR ORGANIZATION SEEKING TEMP USE: _____

NAME OF PERMANENT BUSINESS ON SITE: _____

LOCATION ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON REQUESTING CERTIFICATE: _____ PHONE: _____

COMPANY OR ORGANIZATION MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROPERTY OWNER NAME: _____ PHONE: _____

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

TYPE OF STRUCTURE: *(Indicate type)*

- ☐ Tent
- ☐ Trailer
- ☐ Other: _____ *(please specify)*

SETBACKS FROM PROPERTY LINE:

Front Yard to R/W	_____	feet
Rear Yard	_____	feet
Left Side Yard	_____	feet
Right Side Yard	_____	feet

LENGTH OF USE

TEMPORARY CONSTRUCTION TRAILER: *(If not applicable, skip to next section)*

Starting Date: _____ Ending Date: _____ # of Days: _____

CONSTUCTION TRAILERS AUTHORIZED FOR UP TO ONE (1) YR – MUST BE REMOVED UPON PROJECT COMPLETION

TEMPORARY OUTDOOR SALES OR FESTIVALS: *(If not applicable, skip to next section)*

Starting Date: _____ Ending Date: _____ # of Days: _____

HAS THIS VENDOR RECEIVED PREVIOUS AUTHORIZATION FOR TEMPORARY SALE IN LAST 12 MONTHS AT THIS LOCATION?

- ☐ YES If so, identify all dates: _____
- ☐ NO

*** SALES MAY NOT EXCEED 4 CONSECUTIVE DAYS IF WITHIN A PARKING AREA (MAX 3 TIMES ANNUALLY PER VENDOR)

** SALES MAY NOT EXCEED 2 CONSECUTIVE DAYS IF LOCATED OUTSIDE OF PARKING AREA (MAX 3 TIMES ANNUALLY PER LOT OF RECORD)

SEASONAL SALES:

Starting Date: Ending Date: # of Days:

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 the building may remain in place a maximum period of one year.

_____ _____

Signature of Applicant **Date**

SUBMIT TWO COPIES OF SITE PLAN
SUBMIT SIGNED AUTHORIZATION FROM THE PROPERTY OWNER(S)
***** ALL TENTS OR AWNINGS MUST SUBMIT COMPLETED UNION TOWNSHIP FIRE DEPT. APPLICATION/FEES**

INCOMPLETE APPLICATIONS WILL BE REJECTED