

Application to the  
UNION TOWNSHIP  
ZONING COMMISSION  
4350 Aicholtz Road  
Cincinnati, OH 45245  
(513) 753-2300

Case# _____
Date _____

**APPLICATIONS CONTAINING INCOMPLETE INFORMATION WILL BE RETURNED.**  
**PLEASE SUBMIT 15 COPIES OF THE APPLICATION & ALL SUPPORTING DOCUMENTS (ORIGINAL SET + 14)**

**I. PROPERTY INFORMATION**

Property located at\* \_\_\_\_\_

\*State full address if assigned, otherwise, describe location specifically.

Clermont County Auditor's Tax Parcel Number (PIN#) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Additional parcel numbers (if applicable)\* \_\_\_\_\_

\_\_\_\_\_  
\*If rezoned, 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 (R.C. 519.12(A)). An original affidavit contained in Section V below must be executed and submitted by least one owner or lessee of each parcel contained in this application.

B. Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

**III. AMENDMENT INFORMATION**

A. If the amendment proposes to alter the text of the Zoning Resolution, attach:

1. Typed description of why the amendment is appropriate.
2. Typed copy of the text as it would appear in the Resolution (also identifying

stricken language).

3. Application fee as established by the Township Trustees.

B. If the amendment proposes to alter the zoning map, attach:

1. List, for each parcel to be rezoned, the owner's name as it appears on the Clermont County auditor's current tax list, the Clermont County auditor's tax parcel number, and the property address.

2. List of adjacent property owners (see attached form).

3. Photocopy of tax map with subject property highlighted.

4. Legal description of property (see deed).

5. Development plans.

6. Application fee as established by the Township Trustees.

IV. SUPPORTING INFORMATION

A. Existing Zoning District\_\_\_\_\_

Existing Land Use\_\_\_\_\_

Proposed Zoning District\_\_\_\_\_

Proposed Land Use\_\_\_\_\_

B. Does the proposed zoning district conform to the Union Township Land Development Plan?

\_\_\_\_\_YES

\_\_\_\_\_NO

C. If the proposed zoning district **DOES NOT** conform to the Union Township Land Development Plan, what physical, social, economic, and/or other changes have occurred that were not anticipated when the Union Township Land Development Plan was adopted? (Attach factual data to support the arguments).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. How is the proposed zoning district appropriate considering surrounding zoning and land use?

---



---



---



---



---



---



---



---



---



---

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, signator must be an authorized officer or partner.

STATE OF OHIO  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, of this year  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

VI. ADJACENT PROPERTY OWNERS

The following are the individuals, entities, or corporations and their mailing addresses as they appear in the county auditor's tax list as owners of property adjacent to the subject property. **Adjacent property owners include those across streets and touching the property in any manner.** (Use additional sheets if necessary).

1. Name \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
Mailing Address \_\_\_\_\_

2. \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
\_\_\_\_\_

7. \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
\_\_\_\_\_

8. \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
\_\_\_\_\_

9. \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
\_\_\_\_\_

10. \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
\_\_\_\_\_

11. \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
\_\_\_\_\_

12. \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
\_\_\_\_\_

13. \_\_\_\_\_ Parcel ID# \_\_\_\_\_  
\_\_\_\_\_