



**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

[illegible]

Zoning District :

TEMPORARY USE PERMIT

APPLICATION TYPE: *(Check One)*

- | | | |
|--------------------------|--|---------|
| <input type="checkbox"/> | Seasonal Sales | \$75.00 |
| <input type="checkbox"/> | Temporary Construction Trailer | \$75.00 |
| <input type="checkbox"/> | Temporary Outdoor Sales Other Lots (Not in parking area) **SEE NOTES | \$75.00 |
| <input type="checkbox"/> | Temporary Outdoor Sales (within a parking lot) ***SEE NOTES | \$75.00 |

FEE SCHEDULE

QTY.

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:** _____

CONSTRUCTION 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:
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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