

**UNION TOWNSHIP APPLICATION FOR  
R-3 PLANNED MULTIFAMILY RESIDENTIAL DISTRICT  
MAJOR AMENDMENT TO A FORMAL PLAN**

**PLEASE TYPE OR PRINT**

**I. ZONING CASE NUMBER** \_\_\_\_\_

**II. PROPERTY INFORMATION**

Address\_\_\_\_\_

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

**III. PROPERTY OWNER INFORMATION**

Property Owner Name\_\_\_\_\_

Contact person who is a regular employee or officer of property owner

\_\_\_\_\_

Contact person phone\_\_\_\_\_

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

\_\_\_\_\_

**IV. APPLICANT INFORMATION** (if same as property owner, check here \_\_\_\_\_ and skip to next section)

Applicant Contact Person\_\_\_\_\_ Phone\_\_\_\_\_

Company\_\_\_\_\_

Relationship to Owner\_\_\_\_\_

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

\_\_\_\_\_

**V. PLEASE ATTACH A PAGE DESCRIBING THE PROPOSED AMENDMENTS**

**VI. PLEASE ATTACH WRITTEN AUTHORIZATION FROM THE OFFICES OF THE  
CLERMONT COUNTY ENGINEER; THE CLERMONT COUNTY WATER AND SOIL  
CONSERVATION DISTRICT; AND THE CLERMONT COUNTY WATER AND SEWER  
DISTRICT CONFIRMING THAT THE AMENDMENTS CONFORM TO THEIR REGULATIONS**

**VII. PLEASE PROVIDE 10 COPIES OF PROPOSED PLAT CONFORMING TO SECTION 686**

I hereby request the above amendments to the approved "R-3" Planned Multifamily Residential District plat governing this property. I certify that I am duly authorized by the property owner to submit this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print name

**QUESTIONS? PLEASE CALL THE PLANNING & ZONING DEPARTMENT AT (513) 753-2300**