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

									.

RESIDENTIAL PERMIT

Zoning District : _____

APPLICATION TYPE: *(Check One)*

		FEE SCHEDULE	QTY.
☐	New Single Family Dwelling - Detached	$165.00	_____
☐	New Single Family Dwelling – Attached on a separate lot – ***SEE NOTE	$165.00 per unit	_____
☐	New Single Family Dwelling – Attached on a common lot – ***SEE NOTE	$50.00 per unit	_____
☐	Residential Addition to an existing dwelling	$60.00	_____

PROJECT STREET ADDRESS: _____

SUBDIVISION AND LOT NUMBER: _____ MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY SEEKING PERMIT: _____ CONTACT: _____

STREET ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROPERTY OWNER NAME: _____ PHONE: _____

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

MANUFACTURED HOME:	CORNER LOT:
☐ Yes- attach supplement	☐ Yes
☐ No	☐ No

SETBACKS FROM PROPERTY LINE:		
Front Yard to Right of Way	_____	Ft
Rear Yard	_____	Ft
Left Side Yard	_____	Ft
Right Side Yard	_____	Ft

SINGLE FAMILY RESIDENTIALCONSTRUCTION
NEW CONSTRUCTION OR ADDITION:

NET LOT AREA OF PARCEL: _____ SQ. FT.

WIDTH OF LOT (AT SETBACK): _____ FT.

TOTAL FLOOR AREA (NEW): _____ SQ. FT.

TOTAL FLOOR AREA (ADDITION): _____ SQ. FT.

STRUCTURE HEIGHT: _____ FT.

NUMBER OF STORIES: _____ FT.

TOTAL NUMBER OF EXISTING BUILDINGS ON PARCEL: _____
(Excluding the proposed Structure)

WILL A DECK BE INSTALLED: *(if yes, show on site plan and include in Setback measurements)*
☐ YES
☐ NO

EXCLUDE BASEMENT, ATTIC, GARAGE, & SEASONAL AREAS FROM SQUARE FOOTAGE CALCULATION

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
SUBMIT SIGNED AUTHORIZATION FROM THE PROPERTY OWNER(S)
***NOTE: ALL ATTACHED DWELLINGS MUST SUBMIT**
COMPLETED UNION TOWNSHIP FIRE DEPT. APPLICATION/FEES*
INCOMPLETE APPLICATIONS WILL BE REJECTED