

APPLICATION FOR APPROVAL OF AN
OVERLAY DISTRICT PLAN
TO THE
UNION TOWNSHIP
BOARD OF TRUSTEES
4350 Aicholtz Road
Cincinnati, OH 45245
(513) 753-2300

Case# _____
Date _____

**APPLICATIONS CONTAINING INCOMPLETE INFORMATION WILL BE RETURNED.
PLEASE SUBMIT TEN COPIES OF APPLICATION & SUPPORTING DOCUMENTS (ORIGINAL SET + 9)**

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)* _____

*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 (O.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 _____

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, signatory must be an authorized officer or partner.

STATE OF _____

COUNTY OF _____

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

Notary Public

My commission expires _____