



COLERAIN TOWNSHIP ZONING COMMISSION
 4200 Springdale Road
 Colerain Township, OH 45251
 (513) 385-7505 (513) 245-6503 (fax)

ZONING CERTIFICATE APPLICATION

No. Z _____

COMPLETE ALL PARTS IN INK—PLEASE PRINT

1. A. Street & Number Location _____ Zip _____
 B. BOOK 510 PAGE _____ PARCEL NO(S). _____ LOT NO. _____

2. Applicant _____ Address _____
 City _____ State _____ Zip _____ Phone _____

3. Owner _____ Address _____
 City _____ State _____ Zip _____ Phone _____

4. Contractor _____ Address _____
 City _____ State _____ Zip _____ Phone _____

5. Plans By _____ Address _____
 City _____ State _____ Zip _____ Phone _____

6. TYPE OF IMPROVEMENT

RESIDENTIAL USE

- ___ Single Family (___ w/Deck)
- ___ Addition
- ___ Accessory Structure
- ___ Decks
- ___ Swimming Pools (above or inground)
- ___ Walls or Fences
- ___ Temporary Uses
- ___ Antennas and Satellite Dishes
- ___ Other (specify) _____
- ___ Multi-Family, No. of Units _____

NON-RESIDENTIAL USE

- ___ Building(s)
- Sq. Ft. of Floor Area: _____
- ___ Change of Use
- ___ Tents, Dates — From: _____ To: _____
- ___ Pools and Tanks
- ___ Antennas and Satellite Dishes
- ___ Walls or Fences
- ___ Signs Type _____ Temporary _____
- ___ Landfill and/or Extraction
- ___ Other (specify) _____

A site plan showing the dimensions and location of proposed improvement(s) and existing building(s) is required. The site plan must show the location of all public streets.

SIGNAGE APPLICATIONS MUST SHOW BUILDING AND/OR STREET FRONTAGE DIMENSIONS.

7. EXISTING AND PROPOSED USES OF BUILDING AND PREMISES AND ESTIMATED COST OF PROJECT

EXISTING: _____ PROPOSED: _____ EST. COST: _____

The owner of this building or premises and the undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the Zoning Resolution of Colerain Township, and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements given on this application, drawings and specification are to the best of their knowledge, true and correct.

 (Signature)
 EMAIL _____

 (Date)

DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY

ISSUE DATE OF ZONING CERTIFICATE: _____ FEE PAID: _____

DATE OF DENIAL: _____