

## APPLICATION FOR A COMMERCIAL ZONING CERTIFICATE

FOR OFFICE USE ONLY				
APPLICATION #				
DATE				

SUBJECT PROPERTY				
Street Address				
Parcel ID Number				
Subdivision				
APPLICANT		PROPERT	Y OWNER	
Name				
Address				
Phone Number				
Email				
TYPE OF CONSTRUCTION				
New Structure	Solar Panels		Tenant Fin	nish (remodel)
Addition	Exterior Altera	Exterior Alteration Other		
Accessory Structure	Temporary Use	е		
DESCRIPTION				
Describe construction in detail intended use	including square footag	ge, height, ı	number of parking s	paces, and
Applicant Signature	<del></del>	Date		
		Date	Approved	Denied

Hamilton Township Zoning Authority

Please call 513.334.9689 to schedule setback inspection verification after rough framing inspection by Warren County Building Department

## **Application Requirements**

- Filing Fee (ALL ZONING FEES ARE NON-REFUNDABLE)
- 9 Sets of Plans
- Site plan drawn to scale including:
  - o Location of all buildings, existing and proposed
  - o Front, side and rear yard setbacks, as applicable for new construction
  - o Lot area with dimensions noted
  - Location of fence for all pools
- Landscape plan including species, size and quantity
- Photometric plan including cut sheet for light fixtures
- Grading plan including stormwater management and erosion and sediment control methods
- Utility Plan
- Building Elevations

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Road Frontage		
Width at building line	<del></del>	
Front setback		
Side setbacks		
Rear setbacks		
Zoning Fee	Cash	Credit Card Authorization #:
Receipt Number	Check	
Date sent to Building Department		
Date sent to Applicant		
Inspection Dates		
Setback		
Final		
Additional Comments		