



**APPLICATION FOR A
RESIDENTIAL ZONING
CERTIFICATE**

FOR OFFICE USE ONLY

APPLICATION # _____

DATE _____

SUBJECT PROPERTY

Street Address _____

Parcel ID Number _____

Subdivision _____ Lot # _____ Zoning District _____

APPLICANT

Name _____

Address _____

Phone Number _____

Email _____

PROPERTY OWNER

TYPE OF CONSTRUCTION

☐ New Single Family

☐ Pool, Above Ground

☐ Solar Panels

☐ New Two Family

☐ Pool, In Ground

☐ Other

☐ Addition to Home

☐ Detached Garage

☐ Deck

☐ Shed

DESCRIPTION

Describe construction in detail including square footage, height, and intended use

Applicant Signature

Date

Hamilton Township Zoning Authority

Date _____ Approved ____ Denied ____

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**)
- Site plan drawn to scale including:
 - Location of all buildings, existing and proposed
 - Front, side and rear yard setbacks, as applicable for new construction
 - Lot area with dimensions noted
 - Location of fence for all pools
- Any other relevant plans

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Minimums per Zoning Code

Road Frontage	_____	_____
Width at building line	_____	_____
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
