



**APPLICATION FOR A
COMMERCIAL 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 Structure

Solar Panels

Tenant Finish (remodel)

Addition

Exterior Alteration

Other

Accessory Structure

Temporary Use

DESCRIPTION

Describe construction in detail including square footage, height, number of parking spaces, 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
- 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
 - o 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 _____
 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

