

**APPLICATION FOR A ZONING CERTIFICATE FOR THE
UNINCORPORATED TERRITORY OF NORTH-EAST GREEN TOWNSHIP
GREEN TOWNSHIP, HAMILTON COUNTY, OHIO
6303 HARRISON AVENUE, CINCINNATI, OHIO 45247 PHONE #574-4848 FAX #574-6260**

APPLICANT -Complete all applicable spaces on this form side. PLEASE USE A PEN OR A TYPEWRITER.

1. OWNER _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 TELEPHONE NUMBER _____
 EMAIL _____

2. PROPERTY ADDRESS _____

3. BOOK 550 PLAT _____ PARCEL NUMBER(S) _____

4. CONTRACTOR _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 TELEPHONE NUMBER _____
 PLANS BY _____

ALL APPLICANTS COMPLETE A THROUGH D

A. TYPE OF IMPROVEMENT

____ NEW BUILDING
 ____ ADDITION
 ____ ALTERATION
 residential _____ commercial _____
 ____ REPAIR, REPLACEMENT
 ____ PARKING LOT
 ____ NON-CONFORMING USE
 ____ SIGN
 ____ CHANGE OF USE CERTIFICATE
 ____ OTHER

RESIDENTIAL

____ NO. OF UNITS
 ____ ACCESSORY GARAGE
 ____ SWIMMING POOLS
 ____ above ground ____ in ground
 ____ FENCE
 ____ OTHER

B. TYPE OF USE

NON-RESIDENTIAL

____ NEW CONSTRUCTION
 ____ RENOVATION
 ____ TENANT IMPROVEMENT
 ____ OTHER

State in detail all existing and proposed uses of this building and premises:

Proposed: _____

C. OWNERSHIP

____ Private
 ____ Public (Federal, State, Local)

D. COST (OMIT CENTS)

Estimated Cost of improvements for which this application is being made \$ _____

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the Zoning Resolution of the Township of Green, pertaining to building and buildings, 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 specifications are to the best of their knowledge, true and correct.

Application by: _____ Address: _____

DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

Zoning District _____ Approved By _____ Date _____ Certificate No. _____ Cost _____