

**DEVELOPMENT SERVICES DEPARTMENT
SPRINGFIELD TOWNSHIP
HAMILTON COUNTY, OHIO**

PERMIT APPLICATION FOR:
ZONING CERTIFICATE

Z

Date of Application

APPLICANT – Complete all applicable spaces on this form side

PROPERTY ADDRESS: _____						
BOOK: _____		PAGE: _____		PARCEL: _____		LOT NUMBER: _____
OWNER	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
CONTRACTOR						
PLANS BY						
PROPOSED GENERAL USE:					COST OF PROJECT:	
<input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Multi-Use					\$ _____	

TYPE OF IMPROVEMENT	
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Change of Use Other _____	<input type="checkbox"/> Accessory Structure / Use <input type="checkbox"/> Permanent Sign Sq. Ft. _____ <input type="checkbox"/> Temporary Sign Sq. Ft. _____ <input type="checkbox"/> Fence <input type="checkbox"/> Deck <input type="checkbox"/> Pool In Ground _____ Above Ground _____
RESIDENTIAL	
<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family No. Units _____	Number of Parking Spaces Garage _____ Other _____
MISCELLANEOUS NON-RESIDENTIAL	
<input type="checkbox"/> Church/ Religious <input type="checkbox"/> School/Educational <input type="checkbox"/> Public Structure/Utility/Park <input type="checkbox"/> Private Non-Commercial Recreation <input type="checkbox"/> Other	<input type="checkbox"/> Day Care Center <input type="checkbox"/> Hospital, Institution, Nursing Home <input type="checkbox"/> Bed and Breakfast Describe _____
RETAIL/OFFICE	
<input type="checkbox"/> Professional Office <input type="checkbox"/> Bank/ Financial Institution <input type="checkbox"/> Billboard Advertising <input type="checkbox"/> Restaurant Drive Thru _____ <input type="checkbox"/> Retail Sales Type _____ <input type="checkbox"/> Commercial Recreation Type _____ <input type="checkbox"/> Other Describe _____	<input type="checkbox"/> Auto Related Service <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Veterinary Clinic / Kennel <input type="checkbox"/> Building Material/ Lumber Sales
INDUSTRIAL	
<input type="checkbox"/> Warehouse/Distribution <input type="checkbox"/> Contractor Storage Yard <input type="checkbox"/> Minor Assembling/Fabricating Describe _____ <input type="checkbox"/> Manufacturing/Processing Describe _____ <input type="checkbox"/> Other Describe _____	<input type="checkbox"/> Bottling/Packaging <input type="checkbox"/> Trucking/ Motor Freight Terminal

The owner of the building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the Zoning Resolution of Springfield Township, 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: _____ Date _____

Address: _____ Phone _____

DO NOT WRITE IN THIS BOX (OFFICE USE)	
Board of Zoning Appeals Case No. _____	Court Case No. _____
Zoning Approved by: _____	Date _____
Zoning Certificate: _____	Date _____
Approved for Issue by: _____	Date _____
Date Zoning Certificate Issued _____	Certificate Number _____
Certificate and Inspection Fee: _____	