



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 # (513) 574-4848 FAX # (513) 574-6260

RESIDENTIAL APPLICATION FORM

1. PROPERTY-OWNER

ADDRESS

CITY, STATE, ZIP _____

TELEPHONE NUMBER _____

EMAIL

2. PROPERTY-ADDRESS

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

4. APPLICANT/CONTRACTOR

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER _____

PLANS BY _____

EMAIL _____

5. TYPE OF IMPROVEMENT

_____ NEW SINGLE-FAMILY STRUCTURE \$125

_____ NEW MULTI-FAMILY STRUCTURE (PER DWELLING UNIT) \$100

_____ ADDITIONS, GARAGE \$75.00

_____ ACCESSORY/TEMPORARY STRUCTURES (STORAGE OR SHED LESS THAN 200 SQ. FT.) \$35.00

_____ SWIMMING POOL (_____ ABOVE GROUND _____ IN GROUND) \$75.00

_____ FENCE, WALL, RETAINING WALL \$35.00

_____ DECK (ATTACHED OR DETACHED) \$50.00

_____ PORCH OR PATIO (COVERED OR UNCOVERED) \$50.00

_____ ANTENNAS AND SATELITE DISHES (DETACHED) \$50.00

_____ PLAN REVIEW OR MODIFIED ZONING CERTIFICATE (PREVIOUSLY ISSUED)

_____ SOLAR PANELS \$90

_____ OTHER

6. STATE IN DETAIL ALL EXISTING AND PROPOSED USES OF THIS BUILDING AND PREMISES

7. ESTIMATED COST OF IMPROVEMENTS FOR WHICH THIS APPLICATION IS BEING MADE \$ _____

The applicant is responsible for obtaining a building permit (if required) prior to commencing work on the proposed improvement. A final zoning inspection must be scheduled by the applicant.

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 COMPLETED BY _____ DATE _____

ADDRESS _____ PHONE _____