



City of Harrison
Zoning Department
300 George Street
Harrison, Ohio 45030

Phone: 513-202-8494
Fax: 513-202-8457



Empty rectangular box for application date

Application Date:

Application for Zoning Certificate

1. Project Address: \_\_\_\_\_

2. Name of Applicant (owner): \_\_\_\_\_
Mailing Address: \_\_\_\_\_

Telephone Numbers - Home: \_\_\_\_\_ Business: \_\_\_\_\_

3. Existing Use: \_\_\_\_\_

4. Property Presently Zoned As: \_\_\_\_\_

5. Proposed Use:
New Construction: \_\_\_\_\_
Business: \_\_\_\_\_
Accessory Building: \_\_\_\_\_
Sign: \_\_\_\_\_ Wall: \_\_\_\_\_ Size: \_\_\_\_\_
Free-Standing: \_\_\_\_\_ Size: \_\_\_\_\_
Fence: \_\_\_\_\_ Length: \_\_\_\_\_ Height: \_\_\_\_\_
Other (explain): \_\_\_\_\_
(If proposed use is business/industry, enclose a detailed description of the nature of the business/industry.)

6. Type of Sewage Disposal: \_\_\_\_\_ Water: \_\_\_\_\_

7. Percentage of lot to be occupied: \_\_\_\_\_ %

8. Lot Width: \_\_\_\_\_ Lot Depth: \_\_\_\_\_ Lot Area: \_\_\_\_\_

9. Square Feet of Living Area (residence): \_\_\_\_\_ SF
Garage: \_\_\_\_\_ Basement: \_\_\_\_\_ Accessory Building: \_\_\_\_\_
Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_ Office: \_\_\_\_\_

10. Building Heights: \_\_\_\_\_ Stories: \_\_\_\_\_ Feet: \_\_\_\_\_

11. Yard Dimensions: \_\_\_\_\_ Front: \_\_\_\_\_ Rear: \_\_\_\_\_
One Side: \_\_\_\_\_ Sum of Side Yards: \_\_\_\_\_

12. Accessory Building Dimensions: \_\_\_\_\_ Height: \_\_\_\_\_ (Side:) \_\_\_\_\_ (Side:) \_\_\_\_\_

13. Off-Street Parking Spaces to be Provided: \_\_\_\_\_

On a separate sheet, list any other supplemental requirements or conditions that will be met, or explain any points requiring clarification.

(\* ) Is property located in a Flood Hazard Area as identified by the Federal Emergency Management Agency on the City of Harrison Flood Boundary and Floodway Map? YES: \_\_\_\_\_ NO: \_\_\_\_\_ (See City of Harrison Flood Boundary and Floodway Map.)

(\* ) Are there any easements, covenants, deed restrictions, agreements or the like involving this property? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, attach a copy of same when filing this application.

The undersigned applies for a zoning certificate for the above use; said certificate to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachment(s) to this application are true and correct.

The applicant is required, in addition to the information requested on this form, to submit plans, drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No. of Attachments: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Date of Action on Application: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

Special Notes/Provisions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If application is denied, reason for denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Inspector