



CITY OF BELLBROOK

ZONING PERMIT – TEMPORARY USE

15 EAST FRANKLIN STREET, BELLBROOK, OHIO 45305
 (937) 848-4666 WWW.CITYOFBELLBROOK.ORG

DATE RECEIVED ____/____/____ STAFF USE APPLICATION # _____

APPLICANT INFORMATION

PROPERTY ADDRESS _____ ZONING DISTRICT _____
 PROPERTY OWNER _____ PHONE NUMBER _____
 APPLICANT NAME _____ PHONE NUMBER _____
 EMAIL _____

REQUEST INFORMATION

BUSINESS NAME _____
 BUSINESS MAILING ADDRESS _____
 PROPOSED USE _____ SIZE (TRAILERS, TENTS, ETC.) _____
 DESCRIPTION – INCLUDE SPECIFIC TYPE OF USE, HOURS OF OPERATION NUMBER OF EMPLOYEES AND OTHER PERTINENT INFORMATION

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT CONSTITUTE APPROVAL FOR ANY ADMINISTRATIVE REVIEW, VARIANCE, OR EXCEPTION FROM ANY OTHER CITY REGULATIONS WHICH ARE NOT SPECIFICALLY THE SUBJECT OF THIS APPLICATION. I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT CONSTITUTE APPROVAL OF A BUILDING OCCUPANCY PERMIT. I UNDERSTAND FURTHER THAT I REMAIN RESPONSIBLE FOR SATISFYING REQUIREMENTS OF ANY PRIVATE RESTRICTIONS OR COVENANTS APPURTENANT TO THE PROPERTY.

I CERTIFY THAT I AM THE APPLICANT AND THAT THE INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE CITY IS NOT RESPONSIBLE FOR INACCURACIES IN INFORMATION PRESENTED, AND THAT INACCURACIES MAY RESULT IN THE REVOCATION OF THIS ZONING CERTIFICATE AS DETERMINED BY THE CITY. I FURTHER CERTIFY THAT I AM THE OWNER OR PURCHASER (OR OPTION HOLDER) OF THE PROPERTY INVOLVED IN THIS APPLICATION, OR THE LESSEE OR AGENT FULLY AUTHORIZED BY THE OWNER TO MAKE THIS SUBMISSION.

I CERTIFY THAT STATEMENTS MADE TO ME ABOUT THE TIME IT TAKES TO REVIEW AND PROCESS THIS APPLICATION ARE GENERAL. I AM AWARE THAT THE CITY HAS ATTEMPTED TO REQUEST EVERYTHING NECESSARY FOR AN ACCURATE AND COMPLETE REVIEW OF MY PROPOSAL; HOWEVER, AFTER MY APPLICATION HAS BEEN SUBMITTED AND REVIEWED BY CITY STAFF, I UNDERSTAND IT MAY BE NECESSARY FOR THE CITY TO REQUEST ADDITIONAL INFORMATION AND CLARIFICATION.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

APPLICANT SIGNATURE _____ DATE ____/____/____

| OFFICE USE ONLY | | |
|---|--|---|
| PERMIT FEE | PAYMENT TYPE | REVIEW AUTHORITY |
| \$ 50.00 | CASH <input type="checkbox"/> CHECK <input type="checkbox"/> # _____ | ADMINISTRATIVE <input type="checkbox"/> BZA <input type="checkbox"/> VRB <input type="checkbox"/> |
| APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> | STAFF SIGNATURE _____ DATE ____/____/____ | |
| APPROVED-CONDITIONS <input type="checkbox"/> | | |