



805 CENTRAL AVE, SUITE 500  
 CINCINNATI OHIO 45202  
**P** 513 352 3271  
**F** 513 352 2579  
 WWW.CINCINNATI-OH.GOV  
 CAGIS.HAMILTON-CO.ORG

<b>Zoning Certificate of Compliance Application</b>
INITIALIZED BY _____

**Part A - Identification**

Subject Property Address (Please print in blue or black ink only)			Auditor's Parcel Number
Applicant - Name (Print)	Street Number & Name	City / State / Zip Code	Phone No / Fax No
E-mail Address			
Owner - Name (Print)	Street Number & Name	City / State / Zip Code	Phone No / Fax No
E-mail Address			

**Part B - Zoning Information Requested: (Please Check One)**

<input type="checkbox"/>	Zoning review for compliance with the use regulations of the zoning code
<input type="checkbox"/>	Complete zoning review for use and open space (yards, building heights, etc.) If this is your request, you need to submit a complete as-built survey.

**Part C - Description of Work**

**Please provide details regarding the use of this property and attach any relevant information**

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**If this is a location with several buildings or units on one or more streets and/or several addresses you MUST list each separately below. NOTE: Properties must be contiguous to each other.**

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**Part D - Costs and Authorizations**

A check for \$149.10 must be included with the application. (Payable to the City of Cincinnati)  
 Submit one (1) copies of all required materials in person or email to [ccpbpermitcenter@cincinnati-oh.gov](mailto:ccpbpermitcenter@cincinnati-oh.gov)  
 The owner or agent of this building and undersigned does hereby certify that the information and statements given on the application, drawings, and inspections are to the best of their knowledge, true and correct. The undersigned further certifies their authorization to grant consent to the inspection by employees of the City of Cincinnati of the described premises at any time when work on those premises is ongoing and hereby grants their consent.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Reviewed By:** \_\_\_\_\_ Permit Processing Fee \_\_\_\_\_

Zoning Plan Examiner \_\_\_\_\_ Date \_\_\_\_\_