



11 Centennial Plaza
 805 Central Avenue, Suite 500
 Cincinnati, Ohio 45202
 Monday- Friday 7:30 am—4 pm
 (513) 352-4848
Beth.Johnson@Cincinnati-OH.gov

Office Use Only	
Application #:	_____
Date Accepted:	_____
<input type="checkbox"/> Staff Review	<input type="checkbox"/> Board Review
<input type="checkbox"/> Paid:	_____
Date Perfected:	_____
Hearing Date:	_____

CERTIFICATE OF APPROPRIATENESS APPLICATION

SUBJECT PROPERTY

Site Address: _____
 Hamilton Co. Parcel ID No.: _____ Zoning District: _____
 Historic District: _____ Overlay District: _____

APPLICANT INFO PROPERTY OWNER OTHER _____ (AGENT, ATTORNEY, ARCHITECT, ETC.)

Name: _____
 Contact Person (if legal entity): _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ E-mail: _____

PROPERTY OWNER INFO SAME AS ABOVE

Name: _____
 Contact Person (if legal entity): _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ E-mail: _____

CERTIFICATE OF APPROPRIATENESS (SELECT ALL THAT APPLY)

New Construction Alteration Demolition

Provide a very brief summary of the project:

ZONING RELIEF Yes No

Provide a very brief summary of the zoning relief requested:

SUBMISSION REQUIREMENTS & REQUIRED ATTACHMENTS

Demolition requests must include all required demolition forms.
All applications that include requests for zoning relief must include a zoning hearing application.
All persons seeking historic tax credits must provide a copy of their approved part II tax credit application.

I certify that all statements and documents that I provide with reference to this application are accurate, complete, and true to the best of my knowledge and belief. I further acknowledge that my application shall be deemed incomplete for my failure to timely comply with any requirement of this application, which non-compliance may result in delays in the scheduling and resolution of my application.

Applicant Signature: _____ Date: _____