Application for Temporary Use

City of Centerville •100 West Spring Valley Road • Centerville, Ohio 45458
Phone: 937.433.7151 Fax: 937.433.8221 E-mail: planning@centervilleohio.gov

Application No. _____

Date Received _____

Applicant Information

Applicant Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____ E-mail _____

Request Information

Type of Temporary Use _____

Property Owner _____

Property Address _____

Zoning District _____ Parcel ID No. _____

Date of Event _____ Time of Event _____

Description *(include event description, location on property, primary event contact, and other pertinent information)*

_____

_____

_____

Please provide a detailed site plan illustrating where on the property the event is take place, how the permanent use of the site will not be interfered, and how sufficient parking for the principle and temporary uses will be maintained. Additionally, other information may be required for an Occupancy Permit - if necessary - through the City of Centerville Building Inspection Department.

I understand that approval of this application does not constitute approval for any administrative review, conditional use permit, variance, or exception from any other City regulations which are not specifically the subject of this application. I understand that approval of this application request 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 Planner. 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, 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.

_____ _____

Signature of Owner or Authorized Agent Date

_____

Print Name of Owner or Authorized Agent

Departmental Use Only

Form of Payment	Application Fees	Review Authority
☐ Cash ☐ Ck _____ ☐ CC _____	Application Fee: _____	☐ Administrative ☐ Planning Commission ☐ Board of Arch. Review

☐ Approved ☐ Approved with Conditions
☐ Denied

Staff Signature _____ Date _____