



THE CITY OF HARRISON
ECONOMIC DEVELOPMENT
BUILDING AND ZONING

300 George Street · Harrison, Ohio 45030

513.202.8494

www.harrisonohio.gov

ZONING AND USE APPROVAL APPLICATION

Application Number: _____ Date: _____

Project Address: _____

Applicant: _____ Address: _____

Applicant Contact Information: PH _____ EMAIL _____

Property Owner: _____ Address _____

Property Owner Contact Information: PH _____ EMAIL _____

CURRENT ZONING DISTRICT: _____ REQUIRED ZONING: _____

INTENDED USE: _____

S.F. _____ Floors _____ Max No. of Employees on Site _____ Hours of Operation _____

Number of Off Street Parking Spaces Provided _____ Access Drive Provided YES NO

Alteration or New Construction to be completed: YES NO (If yes, a Building Permit application must be filed including 4 sets of building plans, showing all changes to the space).

Hazardous materials or chemicals to be used or stored on site or within building: YES NO (If yes, all respective material safety data sheets must be attached to this application).

Any use that will cause odor, dust, or noise to be emitted to the atmosphere: YES NO

If yes, all respective material safety data sheets must be attached to this application.

Please attach the following – drawings must be to scale:

1. A written description of the intended use including any products and services for sale.
2. Site plan showing actual dimensions and shape of lot, exact size and locations of existing buildings on lot, parking and any other outdoor features
3. Photograph of front of building as it exists before any work and a rendering of any proposed changes, including signage.
4. Floor plan for the interior of new business space
5. Proof of ownership or copy of a lease that expresses permission from the property owner to occupy the space

IF THE PROJECT IS WITHIN THE DOWNTOWN REDEVELOPMENT DISTRICT (DRD) OR APPLYING FOR AN ENTERTAINMENT DISTRICT LIQUOR LICENSE, PLEASE REFER TO CHAPTERS 1143.07 AND 1147.34 OF HARRISON CODIFIED ORDINANCES FOR ADDITIONAL APPLICATION REQUIREMENTS.

The undersigned applicant certifies that the site and existing use data herein submitted are in all respects true and accurate to the best of their knowledge and belief:

Applicant's Signature:

Name _____

Date _____

Application Fee _____

PAID CASH CHECK # _____



ZONING AND USE APPROVAL APPLICATION – PAGE 2

ZONING REVIEW _____

Date _____

Special Notes/Provisions: _____

Reason for Denial: _____

Approved: _____

Date _____

Building Official

Approved: _____

Date _____

Fire Inspector

Revised 5-18
