



II Centennial Plaza
805 Central Avenue, Suite 500
Cincinnati, Ohio 45202
Monday- Friday 7:30 am—4 pm
(513) 352-4848

Urban.Conservator@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: _____

PRIMARY CONTACT 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: _____