APPLICATION FOR ZONING PERMITS
(Temporary Outdoor Dining ONLY)

APPLICANT - Complete all applicable spaces on this form

Street and number location ____________________________ Zip Code _____________

<table>
<thead>
<tr>
<th>IDENTIFICATION</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>ST</th>
<th>ZIP CODE</th>
<th>PHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROPERTY OWNER</td>
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<tr>
<td>CONTRACTOR</td>
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Describe proposed work being done during duration of this permit:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio, Hamilton County and the ordinances of the City of Springdale pertaining to buildings and site development, and to construct the proposed improvement with the plans and specifications submitted herewith, and certify that the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

Application by ___________________________________________ Owner or Agent
PLEASE PRINT

Address ___________________________________________ Phone ____________________ email: ____________________

Signature

DO NOT WRITE BELOW THIS LINE

Area ____________________________ Volume ____________________________ Zoning Approval ____________________________

Approval Signature ____________________________ Date __________ Date Iss. __________ Number ____________

(05/15/2020)