APPLICATION FOR ZONING PERMITS
(Dumpsters & P.O.D.s for residential locations ONLY)

APPLICANT - Complete all applicable spaces on this form

Street and number location ____________________________________________________________    Zip Code _____________

IDENTIFICATION          NAME     STREET ADDRESS     CITY     ST     ZIP CODE     PHONE NO.
PROPERTY OWNER
CONTRACTOR

Type of item for temporary placement on property

☐ Roll Off Dumpster
   Property Maintenance Code - Section 155.0592 (E)

☐ P.O.D. (Portable On Demand storage)
   Springdale Zoning Code – Section 153.252 (F)(9)

Estimated Cost   $ ___________________

Dates of use: From: ____________________        To: ________ ____________  (No zoning permit shall exceed 30 Days)

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 ___________________________________________ Address __________________________________________
Owner or Agent  PLEASE PRINT ___________________________________________ Phone __________________ email: __________________
Signature __________________________________________________________

DO NOT WRITE BELOW THIS LINE

Area ____________________________      Volume ____________________________       Zoning Approval ________________________

Approval Signature ____________________________ Date __________ Date Iss. __________ Number ___________

(12/20/2019)