



Warren County Rural Zoning Application

406 Justice Dr., Rm 167, Lebanon, Oh 45036

Phone (513) 695-1294

wczoning@warrencountyohio.gov

Permit # _____

CONSTRUCTION SITE INFO COMMERCIAL _____ RESIDENTIAL _____ AGRICULTURAL _____

Address of construction _____

Parcel ID/Sidwell _____ Subdivision _____ Lot# _____ Township _____

Owners

Information

Name _____ Mailing Address _____ City, State, Zip Code _____ Phone _____

Owner's email _____

Applicant's

Information

Name _____ Address _____ City, State, Zip Code _____ Phone _____

TYPE OF ZONING REQUEST (Check all that apply)

___ Single Family Residence → NEW _____ REMODEL _____ ADDITION _____

___ Swimming pool → IN-GROUND _____ ABOVE GROUND _____ **Plus Pool Form

___ Deck

___ Accessory building → SHED _____ GARAGE _____ POLEBUILDING _____ **Plus Accessory Building Form

___ Temporary trailer DATE TO BE REMOVED _____

___ Sign → BILLBOARD _____ OTHER _____

___ Tower → TELECOMMUNICATION _____ ANTENNA _____ WIND TURBINE _____ HAMM RADIO _____

___ Other (explain) _____

SIZE OF PROPOSED STRUCTURE
STRUCTURE HEIGHT

***** Please note all zoning applications must have a site plan.

SITE PLAN INFORMATION

DISTANCES FROM PROPERTY LINES TO PROPOSED

LOT
Width _____ Depth _____ # of Acres _____

Front _____ Rear _____ Side _____ Side _____

The undersigned hereby certifies that all information and attachments to this application are true and correct. The undersigned is required, in addition to the information requested on this form to submit a plan showing the actual dimensions and shape of the lot, sizes and locations of existing buildings on the lot; and the location and dimensions of the proposed buildings or alterations. The undersigned agree, covenants, represents, and warrants that the proposed buildings or alterations shall be built as indicated herein and as illustrated on the plan required to be attached hereto. Said zoning permit to be issued on the basis of the information contained within this application and the plan attached hereto. Also, the said zoning permit is to expire in 1 year from the approved date below.

Owner's Name _____ Signature of Owner _____ Date _____
(Please print)

Office use below line

Date Approved _____ Date Denied _____ Inspector _____ Zoning Class _____

Comments _____

Warren County Rural Zoning Department

406 Justice Drive, Lebanon, Ohio 45036

Eff. 9-27-24

513-695-1294

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Property Location: _____
(Street/Subdivision/Township)

Zoning Requirements for Swimming Pools.

3.102.8 Outdoor Private Accessory Recreation Facility: Outdoor recreation facilities, including swimming pools, game courts, and play structures, are subject to the following:

- (A) The facility shall be located in the rear and/or side yard and shall be set back twenty (20) feet from any adjacent property line.
- (B) The use does not create a nuisance, disturb the peace, or result in a health or safety violation as reported to, or acted upon by, an enforcement authority.
- (C) The use does not interfere with the operation of an on-site sewage treatment system or drinking well, as determined by the Warren County Combined Health District.
- (D) Swimming pools shall comply with the requirements of Section 3.102.11

3.102.11 Swimming Pool Requirements:

- (A) Swimming pools shall be surrounded by a wall or fence not less than four (4) feet in height for residential pools and not less than six (6) feet in height for community and public pools, with access gates that are lockable, self-closing, and self-latching and shall be maintained in good condition. The fencing requirement does not apply to residential swimming pools that:
 - (1) Are installed with a retractable rigid cover, tested per ASTM Standard F 1346, or,
 - (2) Are above ground pools with sides greater than four (4) feet in height and the ladder/access point is fenced with a lockable, self-closing, and self-latching gate.
- (B) Community and public pools and all related supportive installations, such as restrooms, changing rooms, food service, and eating areas must satisfy the construction and operation requirements of the Ohio Department of Health.

I understand zoning approval is contingent upon compliance with the above zoning requirements.

(Property Owner’s Signature)

(Zoning Inspector)

(Date)

(Date)