



HAMILTON COUNTY CONSOLIDATED APPLICATION FOR:

- Minor PUD Adjustment**
(fee: \$261.00) – 7 days to process
- PUD Appeal to BCC**
(fee: \$521.00) – 30 days to file appeal
- Major PUD Adjustment**
(fee: \$909.00 or, \$261.00 for one single-family lot submitted by owner occupant) - Follows ZCP Submittal Schedule

Developed jointly by the following reviewing agencies to expedite the application process and will be electronically transmitted to each agency to assure that all reviewers are seeing the same information in a timely manner

Hamilton County Planning and Zoning Department
Hamilton County Department of Public Works
Hamilton County General Health District
Hamilton County Engineer
Hamilton County Soil and Water Conservation District
Metropolitan Sewer District of Greater Cincinnati
Greater Cincinnati Water Works

◆ **Submit this completed application form to:** ◆

Hamilton County Planning and Zoning Department
‰ C. Russell Sparks, Zoning Administrator
138 E Court Street, Room 807
Cincinnati, OH 45202-6202
(513)946-4463 Phone
(513)946-4475 FAX
russ.sparks@hamilton-co.org

CONTACTS FOR THE PLANNED UNIT DEVELOPMENT APPEAL AND ADJUSTMENT REVIEW AND APPROVAL PROCESS

Mr. Bryan Snyder, AICP
Senior Planner, Development Services
Hamilton County Planning and Zoning Department
138 E Court Street, Room 807
Cincinnati, OH 45202-1237
(513)946-4464 Phone
(513)946-4475 FAX
bryan.snyder@hamilton-co.org

Mr. Thomas H. Schwiers, P. E.
Principal Engineer
Metropolitan Sewer District of Greater Cincinnati
1600 Gest Street
Cincinnati, OH 45204
513-557-7108
thomas.schwiers@cincinnati-oh.gov

Mr. Robert Sheets PE, Geotechnical Project Engineer
Hamilton County Soil and Water Conservation District
Hamilton County Earth Work Program
138 E Court Street – Room 800
Cincinnati, OH 45202
(513) 946-4756
robert.sheets@hamilton-co.org

Mr. Greg Cassiere, R. S.
Hamilton County General Health District
250 William Howard Taft Rd., 2nd Floor
Cincinnati, OH 45219
(513) 946-7871 Phone
greg.cassiere@hamilton-co.org

Mr. Eric Beck, Construction Engineer
Office of Hamilton County Engineer
223 W. Galbraith Road
Cincinnati, OH 45215
PH: 513-946-8432 FAX: (513) 761-9127
eric.beck@hamilton-co.org

Mr. Bill Morris
Greater Cincinnati Water Works
Engineering Division
4747 Spring Grove Ave
Cincinnati, OH 45232-1986
(513) 591-7858
bill.morris@gcww.cincinnati-oh.gov

Waterline Design Technician
Hamilton County Public Works
Water Supply Division
138 E Court Street – Room 800
Cincinnati, Ohio 45202
513-946-4755
ileana.abot@hamilton-co.org

Mr. Mohammad M Islam PE, Civil Project Engineer
Hamilton County Public Works
Storm Water Drainage System Division
138 E Court Street – Room 800
Cincinnati, Ohio 45202
513-946-4757
mohammad.islam@hamilton-co.org

Mr. Ed Weber, Project Technician
Hamilton County Public Works
Storm Water Drainage System Division
138 E Court Street – Room 800
Cincinnati, Ohio 45202
513-946-4753
ed.weber@hamilton-co.org

Mr. Greg Smorey, CFM
Hamilton County Public Works
Special Flood Hazard Area Division
138 E Court Street – Room 800
Cincinnati, Ohio 45202
513-946-4760
greg.smorey@hamilton-co.org

HAMILTON COUNTY CONSOLIDATED APPLICATION FOR:
REVIEW OF PLANNED UNIT DEVELOPMENT ADJUSTMENT / APPEAL

APPLICANT: Direct all correspondence to Applicant

Name: _____
 Firm: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ FAX: _____
 Signature: _____ Date: _____

PROPOSED UTILITIES: (Check all that apply): NO CHANGE PROPOSED

Sewer: Public Private
 Water: Public with water main extension in R/W Easement

Indicate: size: _____ Ft and Length: _____ Ft
 Indicate: size: _____ Ft and Length: _____ Ft

Water: Private water service branch How many? _____
 Water: Private water system (wells, cisterns)

ENGINEER: Direct all correspondence to Engineer

Name: _____
 Firm: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ FAX: _____

WATER USE INFORMATION (Check all that apply): NO CHANGE PROPOSED

Daily Peak Domestic Water Needs: _____ gpm at _____ psi
 Needed Fire Flows at Street: _____ gpm at 20 psi per local fire authority

Any sprinkling systems (including LAS or 13R) to be installed? YES NO
 Are any lawn or irrigation systems to be installed? YES NO
 Any existing service branches to the property? YES NO How many? _____

HOUSEHOLD SEWAGE TREATMENT SYSTEM DESIGNER/QUALIFIED SOILS VALUATOR:

Name: _____
 Firm: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ FAX: _____

IMPERVIOUS SURFACE RATIO (For all non-single-family developments):

Building Footprint: _____ Sq. Ft. The undersigned certifies that the adjacent calculations submitted for the Impervious Surface Ratio are accurate and complete.
 Parking & Drive Areas: _____ Sq. Ft.
 Access Easements: _____ Sq. Ft.
 Walkways: _____ Sq. Ft.
 Other: _____ Sq. Ft. Signature _____
 TOTAL IMPERVIOUS SURFACES: _____ Sq. Ft. Date _____
 Lot Area: _____ Sq. Ft.
IMPERVIOUS SURFACE RATIO: _____ % (Total Impervious Surfaces/Lot area)

STORM DRAINAGE SYSTEM (SDS) REVIEW AND/OR INSPECTION FEES (person responsible):

ADJUSTMENT INVOLVES: NO CHANGE REVIEW FEES INSPECTION FEES

Signature: _____
 Name: _____
 Firm: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ FAX: _____

NON-BUILDING EARTHMOVEMENT DATA:

Max Depth of Excavation: _____ FT. Max depth of fill: _____ FT.
 Cubic Yards of Excavation: _____ C.Y. Cubic Yards of Fill: _____ C.Y.
 Max Slope of Work Area: Existing: _____ : _____ Finished: _____ : _____

APPLICATION REQUIREMENTS CHECKLIST:

Five (5) copies of the proposed site plan and planting detail. (WHEN APPLICABLE).
 A letter stating the facts of the specific situation/modification requested.
 The specific *existing provision* for which an interpretation, adjustment, modification, credit or waiver is sought.
 This COMPLETED application form and application fee
 Precise interpretation, adjustment, modification / waiver requested in this application.

FOR OFFICE USE ONLY:

Date Recvd: _____
 Date Complete: _____
 Date Fee Paid: _____
 Action: _____
 Initial/Date: _____

OFFICE SENT APPLICATION TO:

Administrative Official
 Rural Zoning Commission
 Regional Planning Commission
 Board of Zoning Appeals
 Board of County Commissioners

ZONE CASE NUMBER / SITE IDENTIFICATION / REQUEST:

Zone Case Number: _____
 Site Identification: _____
 Specific Request: _____

INDICATE EXISTING (☑E) and Proposed (☑P) TYPE OF LAND USE: NO CHANGE

E P Vacant

E P Single Family residences: # of Single Family units: E: _____ P: _____
 E P Condominiums E P Landominiums: # of units: E: _____ P: _____
 E P Apartments: # of 1-Bedroom units: E: _____ P: _____
 E P Apartments: # of 2-Bedroom units: E: _____ P: _____
 E P Apartments: # of units 3-Bedrooms or larger: E: _____ P: _____

E P Light Business/Commercial E P Storage
 E P Heavy Business/Commercial E P Light Industrial
 E P Educational E P Factory/Industrial
 E P Institutional/Medical E P High Hazard
 E P Assembly E P Government
 E P Shopping Center:

E P Office building: Sq ft: E: _____ P: _____
 E P Retail other than restaurant: Sq ft: E: _____ P: _____
 Describe Activities: E: _____
 Describe Activities: P: _____

E P Restaurant & Food service # of restaurant seats: E: _____ P: _____
 E P Elementary School E P Middle School E P High School or above
 # of Students: E: _____ P: _____ # of staff: E: _____ P: _____
 E P Medical Building:
 # of Doctors: E: _____ P: _____ Patients/Day: E: _____ P: _____
 E P Other (Describe): _____
 E P Other (Describe): _____
 Total # of Employees to be working at this Location: E: _____ P: _____

DATE RECEIVED
 FEE
 CK#
 TOWNSHIP
 ADD#
 CASE NAME