



HAMILTON COUNTY CONSOLIDATED APPLICATION FOR:
ZONING COMPLIANCE PLAN

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 Development Department
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 Development Department
% Bryan D. Snyder, Development Services Administrator
138 E Court Street, Room 801
Cincinnati, OH 45202
(513)946-4464 Phone
(513)946-4475 FAX
bryan.snyder@hamilton-co.org

CONTACTS FOR THE ZONING COMPLIANCE PLAN REVIEW AND APPROVAL PROCESS

Mr. John Huth
Senior Planner, Development Services
Hamilton County Planning & Development
138 E Court Street, Room 801
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Development Services Administrator
Hamilton County Planning & Development
138 E Court Street, Room 801
Cincinnati, OH 45202
(513)946-4464 Phone
(513)946-4475 FAX
bryan.snyder@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. 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

Mr. Thomas H. Schwiers, P. E.
Principal Engineer
Metropolitan Sewer District of Greater Cincinnati
1600 Gest Street
Cincinnati, OH 45204
513-557-7108
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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. Greg Smorey, CFM
Hamilton County Planning & Development
Special Flood Hazard Area Division
138 E Court Street – Room 801
Cincinnati, Ohio 45202
513-946-4760
greg.smorey@hamilton-co.org

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. Mohammad M Islam PE, Civil Project Engineer
Hamilton County Planning & Development
Storm Water Drainage System Division
138 E Court Street – Room 801
Cincinnati, Ohio 45202
513-946-4757
Mohammad.islam@hamilton-co.org

Ms. Ileana Abot, Waterline Design Technician
Hamilton County Planning & Development
Water Supply Division
138 E Court Street – Room 801
Cincinnati, Ohio 45202
513-946-4755
ileana.abot@hamilton-co.org

HAMILTON COUNTY CONSOLIDATED APPLICATION FOR:
ZONING COMPLIANCE PLAN

APPLICANT: <input type="checkbox"/> Direct all correspondence to Applicant Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____	SUBDIVISION DATA: Subdivision Name: _____ Total Acres: _____ Acres in R/W: _____ Number of lots: _____ Any panhandle Lots? <input type="checkbox"/> YES <input type="checkbox"/> NO Max Lot Area: _____ Sq. Ft. Min Lot Area: _____ Sq. Ft. Sidewalks: <input type="checkbox"/> None <input type="checkbox"/> One Side of streets <input type="checkbox"/> Both sides of streets	DATE RECEIVED
DEVELOPER/SUBDIVIDER: <input type="checkbox"/> Direct all correspondence to Developer/Subdivider Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____	PROPOSED UTILITIES: (Check all that apply) Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private Water: <input type="checkbox"/> Public with water main extension in <input type="checkbox"/> R/W <input type="checkbox"/> Easement Indicate: size: _____ Ft and Length: _____ Ft Indicate: size: _____ Ft and Length: _____ Ft Water: <input type="checkbox"/> Private water service branch How many? _____ Water: <input type="checkbox"/> Private water system (wells, cisterns)	RPC FEE
ENGINEER: <input type="checkbox"/> Direct all correspondence to Engineer Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____	WATER USE INFORMATION (Check all that apply) Daily Peak Domestic Water _____ 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? <input type="checkbox"/> YES <input type="checkbox"/> NO Are any lawn or irrigation systems to be installed? <input type="checkbox"/> YES <input type="checkbox"/> NO Any existing service branches to the property? <input type="checkbox"/> YES <input type="checkbox"/> NO How many? _____	CK# / CASH
SURVEYOR: <input type="checkbox"/> Direct all correspondence to Surveyor Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____	LOCATION, AREA AND ZONING: On <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West side of: _____ Approx _____ Ft <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West of: _____ Zoning Jurisdiction(s): _____ Zoning Districts(s): _____ Zoning Required Min Lot Area: _____	TYPE
HOUSEHOLD SEWAGE TREATMENT SYSTEM DESIGNER / QUALIFIED SOILS EVALUATOR: Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____	INDICATE EXISTING (<input checked="" type="checkbox"/> E) and Proposed (<input checked="" type="checkbox"/> P) TYPE OF LAND USE <input type="checkbox"/> E <input type="checkbox"/> P Vacant <input type="checkbox"/> E <input type="checkbox"/> P Single Family residences: # of Single Family units: E: _____ P: _____ <input type="checkbox"/> E <input type="checkbox"/> P Condominiums <input type="checkbox"/> E <input type="checkbox"/> P Landminiums: # of units: E: _____ P: _____ <input type="checkbox"/> E <input type="checkbox"/> P Apartments: # of 1-Bedroom units: E: _____ P: _____ <input type="checkbox"/> E <input type="checkbox"/> P # of 2-Bedroom units: E: _____ P: _____ <input type="checkbox"/> E <input type="checkbox"/> P # of units 3-Bedrooms or larger: E: _____ P: _____ <input type="checkbox"/> E <input type="checkbox"/> P Light Business/Commercial <input type="checkbox"/> E <input type="checkbox"/> P Storage <input type="checkbox"/> E <input type="checkbox"/> P Heavy Business/Commercial <input type="checkbox"/> E <input type="checkbox"/> P Light Industrial <input type="checkbox"/> E <input type="checkbox"/> P Educational <input type="checkbox"/> E <input type="checkbox"/> P Factory/Industrial <input type="checkbox"/> E <input type="checkbox"/> P Institutional/Medical <input type="checkbox"/> E <input type="checkbox"/> P High Hazard <input type="checkbox"/> E <input type="checkbox"/> P Assembly <input type="checkbox"/> E <input type="checkbox"/> P Government <input type="checkbox"/> E <input type="checkbox"/> P Shopping Center: <input type="checkbox"/> E <input type="checkbox"/> P Office building: Sq ft: E: _____ P: _____ <input type="checkbox"/> E <input type="checkbox"/> P Retail other than restaurant: Sq ft: E: _____ P: _____ Describe Activities: E: _____ Describe Activities: P: _____ <input type="checkbox"/> E <input type="checkbox"/> P Restaurant & Food service # of restaurant seats: E: _____ P: _____ <input type="checkbox"/> E <input type="checkbox"/> P Elementary School <input type="checkbox"/> E <input type="checkbox"/> P Middle School <input type="checkbox"/> E <input type="checkbox"/> P High School or above # of Students: E: _____ P: _____ # of staff: E: _____ P: _____ <input type="checkbox"/> E <input type="checkbox"/> P Medical Building: # of Doctors: E: _____ P: _____ Patients/Day: E: _____ P: _____ <input type="checkbox"/> E <input type="checkbox"/> P Other (Describe): _____ <input type="checkbox"/> E <input type="checkbox"/> P Other (Describe): _____ Total # of Employees to be working at this Location: E: _____ P: _____	TOWNSHIP
STORM DRAINAGE SYSTEM (SDS) REVIEW & INSPECTION FEES (person responsible): Signature: _____ Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____	STORM DRAINAGE SYSTEM (SDS) INSPECTION FEES (person responsible): (NOT REQUIRED FOR PRELIMINARY SUBDIVISION PLANS) Signature: _____ Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____	APPD#
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. Existing Max Slope of Work Area: _____ : _____ Finished Max Slope of Work Area: _____ : _____	INDICATE EXISTING (<input checked="" type="checkbox"/> E) and Proposed (<input checked="" type="checkbox"/> P) TYPE OF LAND USE (continued) <input type="checkbox"/> E <input type="checkbox"/> P Medical Building: # of Doctors: E: _____ P: _____ Patients/Day: E: _____ P: _____ <input type="checkbox"/> E <input type="checkbox"/> P Other (Describe): _____ <input type="checkbox"/> E <input type="checkbox"/> P Other (Describe): _____ Total # of Employees to be working at this Location: E: _____ P: _____	CASE NAME

ZONING COMPLIANCE PLAN APPLICATION CHECKLIST

After the Preliminary Development Plan is approved and the zoning amendment is adopted by the Board of County Commissioners, a Zoning Compliance Plan (as described below) must be reviewed and approved by the Rural Zoning Commission. Following approval of the "Zoning Compliance Plan" by the Rural Zoning Commission, the applicant must submit five (5) signed copies of the "Z.C.P." to the Development Services Administrator (Zoning Administrator). This step must be completed prior to issuance of any zoning certificate or building permits.

This checklist (completed and signed) must be submitted with the Zoning Compliance Plan (ZCP). Please read all instructions.

- 1. SUBMISSION DEADLINE: ____/____/____ (for RZC agenda in month of ____). Earlier submission is recommended to assure adequate time for revisions and corrections prior to the submission deadline. Plans that are not complete at the time of the submittal deadline will not be accepted for processing by staff nor placed on the agenda for Zoning Commission review.
- 2. REQUIRED DOCUMENTS:
 - a. Submit FIVE (5) COPIES of the Zoning Compliance Plan including all information listed in Section 3.
 - b. Submit FIVE (5) COPIES of each separate sheet as listed in items 3c, 3d, 3e and 3f.
 - c. Submit this completed form ("Checklist of Requirements") with signature and date of submission.
 - d. Submit a letter of request for placement on agenda of next Rural Zoning Commission meeting.
 - e. Submit FIVE (5) COPIES of the Zoning Compliance Plan reduced to 8 1/2 x 11 inches.
- 3. CONTENTS OF ZONING COMPLIANCE PLAN:

All of the items in this section are an integral part of the Zoning Compliance Plan; incomplete applications will not be accepted for processing by staff nor placed on the agenda for Zoning Commission review. The Zoning Compliance Plan must include each of the following items.

 - a. Identification
 - 1. Each sheet must be titled "Zoning Compliance Plan" with the name of the project and subtitle of the particular drawing.
 - 2. Each sheet is an integral part of the Zoning Compliance Plan and must contain a sheet number and the total number of sheets being submitted.
 - 3. The subject property and all easements must be identified by metes and bounds and dimensions.
 - b. Conformance to Preliminary Development Plan

Include all items required on the Preliminary Development Plan (conforming to established limits, conditions and required revisions) complete with all necessary details, dimensions and specifications to enable final review and enforcement.
 - c. Grading Plan (may be a separate sheet)

Indicate proposed contours in solid lines at five (5) foot intervals or less; and existing contours in dashed lines. Use two (2) foot intervals where necessary to adequately indicate storm drainage.
 - d. Landscape Plan (may be a separate sheet)

A landscape plan for perimeter buffers and other required areas shall be prepared by a registered landscape architect, complete with all necessary details and specifications (i.e. type, size & quantity) for new landscaping features, a depiction of existing landscaping and tree masses that are to remain, and specifications for soil erosion and sedimentation control.
 - e. Lighting & Sign Plan (may be a separate sheet)

Specify the location, dimensions, details, and specifications for all signs and exterior lights, including height, type of standards, radius of lights, and intensity in foot candles.
 - f. Floor Plans and Elevations (may be a separate sheet)

Submit typical floor plans and elevations if requested for final review.
 - g. Revisions and Conditions

The Zoning Compliance Plan shall be in conformance with all revisions and conditions regarding:

 - 1. Sanitary sewerage as recommended by the Metropolitan Sewer District and the Ohio Environmental Protection Agency;
 - 2. Surface drainage as recommended by the Department of Public Works;
 - 3. Right-of-way, access, circulation, and other improvements as recommended by the County Engineer and the Ohio Department of Transportation;
 - 4. Water supply, water pressure, access for emergency vehicles, and other fire prevention measures as recommended by the township Fire Prevention Officer;
 - 5. Erosion and sedimentation control as recommended by the Soil Conservation Service;
 - 6. Restrictive covenants contained in the Resolution adopted by the Board of County Commissioners; and
 - 7. Other conditions and/or restrictive covenants applicable to the property.
 - h. Restrictive Covenants

All Restrictive Covenants itemized in the Resolution of Approval by the Board of County Commissioners must be printed on the Zoning Compliance Plan.

- i. **Methodology and Criteria for Enforcement (if requested)**
Specify methodology and criteria for effectuating and evaluating compliance with performance related covenants and conditions required by the Resolution of Approval (this element will be forwarded to the Department of Building Commissioner for review and approval).
- j. **Professional Identification**
Each sheet must contain the stamp, seal or other professional identification and the signature of the architect, landscape architect, surveyor, or civil engineer who prepared each respective element of the Zoning Compliance Plan.
- k. **Deed of Acceptance**
 - 1. The Deed of Acceptance, signed by owner(s) must be on each sheet of the Zoning Compliance Plan;
 - 2. The Declaration of Condominium must be printed on the Plan (for condominium development only);
- l. **The Processing Fee for 2011**
A check in the amount of nine hundred and nine dollars (\$926.00) made payable to the "Hamilton County Commissioners" must accompany this checklist.
- m. **Plan-Color/Presentation Copy**
The applicant is required to submit a colored or shaded Zoning Compliance Plan one week prior to the Rural Zoning Commission meeting. The colored Z.C.P. Plan shall not be mounted and cannot be smaller than 24"x36". This Plan will be kept as part of the official file.

CERTIFICATION

NOTE: Information submitted shall be assumed to be correct; applicant and/or agent shall assume responsibility for any errors and/or inaccuracies resulting in an improper application

Signature of Applicant

Title

Company name

Date

NOTE: As stipulated in item 3(k) above, the following text must be included in the ZCP submittal, if applicable.

For your convenience, digital versions of these documents are available at : ... www.hamiltoncountyohio.gov/hcrpc/zoning.asp

DEED OF ACCEPTANCE

The owner of the premises shown hereon does hereby make the following declarations which shall be deemed as covenants and nor as conditions and shall run with the land and shall be binding upon the owner, heirs, executors, administrators, and assigns, and are imposed upon the within described tract of land as an obligation or charge against the same, as a general plan for the benefit of the said tract of land.

The tract of land shown hereon is being developed under a plan as specified in the Hamilton County Zoning Resolution, adopted August 10, 1949 and as amended through December 26, 2001.

Said entire tract of land and all improvements thereon shall remain in a single ownership and no part thereof shall be sold or divided into individual lots or tracts until such time as the owner of said entire tract shall conform in all respects to the then existing rules and regulations as have been adopted by the Hamilton County Regional Planning Commission, governing plats and subdivisions of lands, and the Hamilton County Rural Zoning Commission rules and regulations as provided in the Zoning Resolution.

We, the undersigned do hereby adopt and confirm the plan of development as shown hereon for the purpose indicated and agree to comply with all the terms, restrictive covenants and conditions included as a part thereof.

Signed	Witness

State of Ohio
County of Hamilton

Before me, a notary public in and for said county, personally appeared _____
_____ of the _____,
who represent that they are duly authorized in the premises and who acknowledge that they did sign the foregoing instrument and that the same is their voluntary act and deed in testimony whereof, I have hereunto set my hand and official seal this ____ day of _____, 20 ____.

My Commission expires: _____.

DECLARATION OF CONDOMINIUM

The subject tract is to be developed under the Condominium Property Law, as set forth in Chapter 5311 of the Ohio Revised Code. The rights, privileges and procedures relative to Condominium Property shall control exclusively the rights of the parties as to the particular parcel or parcels of property which may be the subject of Condominium.

We, the undersigned, do hereby adopted and confirm the development plan as shown hereon for the purposes indicated and agree to comply with all the agreed upon features of development, restrictive covenants and conditions included as a part thereof.

WITNESS

By: _____

By: _____

By: _____

State of Ohio
County of Hamilton SS

Before me, a notary public in and for said county, personally appeared _____
and _____ and _____ of
_____, who represent that they are duly authorized in the premises
and who acknowledge that they did sign the foregoing instrument, and that the same is their
voluntary act and deed. In testimony whereof I have hereunto set my hand and official seal this
____ day of _____, 20 ____.