HAMILTON COUNTY CONSOLIDATED APPLICATION FOR:

# INITIAL REVIEW OF PRELIMINARY SUBDIVISION 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 Regional Planning Commission
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:*** ◆

**Mr. Mark Abell, Subdivision Administrator**
**Hamilton County Regional Planning Commission**
**138 E Court Street, Room 807**
**Cincinnati, OH 45202-1237**
**(513)946-4465 Phone**
**(513)946-4475 FAX**
**mark.abell@hamilton-co.org**

**CONTACTS FOR THE SUBDIVISION REVIEW AND APPROVAL PROCESS**

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Hamilton County Public Works
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Ms. Mary Anne Oniate – Waterline Design Technician
Hamilton County Public Works
Water Supply Division
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Mr. Greg Cassiere, R. S.
Hamilton County General Health District
250 William Howard Taft Rd., 2nd Floor
Cincinnati, OH 45219
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Hamilton County Public Works
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willie.potter@hamilton-co.org

Mr. Dwight Wiles PE – PS, Civil Project Engineer
Hamilton County Public Works
Storm Water Drainage System Division
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Cincinnati, Ohio 45202
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dwight.wiles@hamilton-co.org

Mr. Bill Morris
Greater Cincinnati Water Works
Engineering Division
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Cincinnati, OH 45232-1986
(513) 591-7858
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Mr. Ed Weber, Project Technician
Hamilton County Public Works
Storm Water Drainage System Division
138 E Court Street – Room 800
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513-946-4753
ed.weber@hamilton-co.org

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Hamilton County Public Works
Special Flood Hazard Area Division
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Cincinnati, Ohio 45202
513-946-4760
greg.smorey@hamilton-co.org

HAMILTON COUNTY CONSOLIDATED APPLICATION FOR:

# INITIAL REVIEW OF PRELIMINARY SUBDIVISION PLAN

**APPLICANT:**

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

**DEVELOPER/SUBDIVIDER:**

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

**ENGINEER:**

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

**SURVEYOR:**

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

**HOUSEHOLD SEWAGE TREATMENT SYSTEM DESIGNER / QUALIFIED SOILS EVALUATOR:**

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

**DIRECT CORRESPONDANCE TO:**

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

**PERSON TO BE BILLED FOR STORM DRAINAGE SYSTEM (SDS) REVIEW 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.
Existing Max Slope of Work Area: :
Finished Max Slope of Work Area: :

**SUBDIVISION DATA:**

Subdivision Name:
Total Acres: Acres in R/W:
Number of lots: Any panhandle Lots? ☒YES ☐NO
Max Lot Area: Sq. Ft. Min Lot Area: Sq. Ft
Sidewalks: ☐ None ☐ One Side of streets ☒ Both sides of streets

**PROPOSED UTILITIES: (Check all that apply)**

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)

**WATER USE INFORMATION (Check all that apply)**

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?

**LOCATION, AREA AND ZONING:**

On ☒North ☐South ☐East ☐West side of:
Approx Ft ☒North ☐South ☐East ☐West of:
Zoning Jurisdiction(s):
Zoning Districts(s):
Zoning Required Min Lot Area:

**INDICATE EXISTING (☑E) and Proposed (☑P) TYPE OF LAND USE**

☐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
RPC FEE
CK# / CASH
TYPE
TOWNSHIP
APD#
SUBDIVISION NAME

## LIST ALL OWNERS OF ALL SUBJECT PARCELS

**OWNER #1**

Name: _____

Address: _____

City: _____ State: _____ ZIP : _____

Phone: FAX:

**OWNER #2**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: FAX:

**OWNER #3**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: FAX:

**OWNER #4**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: FAX:

**OWNER #5**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: FAX:

**OWNER #6**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: FAX:

**OWNER #7**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: FAX:

**OWNER #8**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: FAX:

## ENTER THE NUMBER OF THE ABOVE OWNER(S) AND THE ADDRESS (IF KNOWN) AND AUDITOR'S BOOK-PAGE-PARCEL NUMBER FOR EACH PARCEL

| Owner# | Parcel Address | Book | Page | Parcel | Owner# | Parcel Address | Book | Page | Parcel |
|---|---|---|---|---|---|---|---|---|---|
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## COMMENTS

## CERTIFICATION

THE UNDERSIGNED OWNER OF THE SUBJECT PROPERTY (OR AGENT OF THE OWNER) HEREBY CERTIFIES THAT THE INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION, DRAWINGS, SPECIFICATIONS AND OTHER ATTACHMENTS ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE BASE UPON THE APPLICATION COMPLETENESS CHECKLIST (Following Page)

THE UNDERSIGNED ALSO ACKNOWLEDGES THAT ACTION TAKEN ON THIS APPLICATION DOES NOT CONSTITUTE APPROVAL FOR THE SIZING, METERING AND/OR CROSS CONNECTION CONTROL OR FOR OTHER REQUIREMENTS OF THE GCWW RULES AND REGULATIONS. OWNER IS REMINDED TO MAKE APPLICATION FOR WATER SERVICE OR WATER MAIN EXTENSION AT THE GCWW ENGINEERING FRONT COUNTER AT THE GCWW ADDRESS LISTED. GCWW CURRENT STANDARDS AND REGULATIONS WILL APPLY.

_____ _____ _____ _____

Signature of Applicant | Title | Company name | Date

# PRELIMINARY PLAN APPLICATION COMPLETENESS CHECKLIST

## (To assist the applicant in preparing a complete submission)

Application (Initial Review; Official File). An Application for Preliminary Subdivision Plan approval shall be submitted in two parts -- "Initial Review" and "Official File." The "Official File" application shall be submitted at least two (2) weeks prior to the meeting of the Planning Commission at which action is desired. An APD (Activity Project Development) number will be assigned by the Subdivision Administrator when the Initial Review Application is submitted. The APD number is required prior to submittal of the plan to any other agency for concept review. An Application for Preliminary Subdivision Plan approval shall contain such information as may be required from time to time by the Planning Commission and the Subdivision Administrator but in all instances shall contain the following:

**Section 5.6.2 INITIAL REVIEW APPLICATION**: (to be submitted with application)

☐ (a) The Drawing: The preliminary subdivision plan shall be clearly and legibly drawn at an appropriate scale. It shall be drawn on one or more sheets whose dimensions are twenty four inches by thirty-six inches (24" X 36"). If more than two (2) sheets are required, an index sheet of the same dimensions shall be filed showing the entire subdivision on one sheet and the component areas shown on the other sheet or sheets. Two (2) prints or copies of the Preliminary Plat shall be submitted. Additional prints may be required by the Subdivision Administrator for distribution to other reviewing agencies

(b) The Preliminary Subdivision Plan shall clearly show the following features and information:

☐ (1) The proposed name of the subdivision which shall not duplicate the name of any other subdivision in the incorporated or unincorporated areas of Hamilton County.

☐ (2) The names and addresses of the owner or owners of record, the subdivider, the engineer, and surveyor.

☐ (3) The boundary lines, accurate to scale, of the tract to be subdivided.

☐ (4) The location, widths and names of all existing or platted streets or other public ways within or adjacent to the tract, and other important features such as existing permanent buildings, sidewalks, water courses, railroad lines, corporation lines, township lines, cemeteries, pipe lines, pole lines, high tension lines, bridges, section lines, etc.

☐ (5) Existing sewers, water mains, culverts and other underground structures within the tract and immediately adjacent thereto.

☐ (6) Contours with intervals of two (2) feet referenced to the CAGIS (Cincinnati Area Geographic Information System).

☐ (7) Flood hazard areas, wetlands (if mapped by governmental jurisdiction), flood plain management areas, detention basins, active landslide areas, unstable soils (per U.S. Soil Conservation Service survey), and unstable geology (per U.S. Geologic Survey).

☐ (8) The layout and widths of proposed streets, alleys and easements; the layout, numbers and the approximate dimensions and square footage of proposed lots so as to exclude any access easement.

☐ (9) Square footage of panhandle and irregular lots calculated for zoning purposes so as to exclude the handle of panhandle lots and those narrow appendages of irregular lots less than fifty feet in width.

☐ (10) Zoning boundary lines, if any, including the boundary lines of any flood plain management district, hillside district or other overlay or special districts; proposed uses of property and proposed front yard set-back lines.

☐ (11) All parcels of land intended to be dedicated or temporarily reserved for public use, or to be reserved in the deeds for the common use of property owners in the subdivision, with the purpose, condition, or limitation of such reservation indicated.

☐ (12) Special zones, i.e., historical, archeological, dump, wildlife, etc.

☐ (13) The total acreage of the subdivision.

☐ (14) North-point, written and graphic scale, and date. The horizontal scale shall be one hundred (100) feet or less to the inch.

☐ (15) Other information that may be required by reviewing offices and agencies, including but not limited to: slope analysis, sight distance analysis, circulation analysis, and proposed water main and service branches.

☐ (16) For projects proposing a wastewater pump station or treatment facility, a fifty year economic analysis and concept approval by The Board of County Commissioners is required

***The following additional information is needed ONLY when proposing Household Sewage Treatment Systems:***

☐ (17) The dimensions with courses and distances of the existing lots or proposed lots and a scaled drawing of the areas proposed for the siting of the dwellings and suitable Household Sewage Treatment System areas.

☐ (18) The location of any existing or proposed hardscapes, underground utilities, easements, drain tiles, dwellings and appurtenances such as other buildings, driveways, or pools.

☐ (19) The location of all existing or proposed public and private water systems with water service lines, surface water bodies, streams, ditches, and drain tile, on the lot and within one hundred and fifty feet of the lot boundaries.

☐ (20) The location of any existing or proposed sanitary sewers within 500 feet of the lot boundaries.

☐ (21) Location of soil samples taken.

☐ (22) Detailed soil report performed in accordance with ASTM standard D 5879 or D 5921 and a septic system design completed by a qualified septic system designer/engineer. This design should include the following items:

- ☐ One copy (1) of the soil morphology indicating soil limiting conditions.
- ☐ Landscape position, dimensions, percent slope, vegetation, and drainage features for the suitable Household Sewage Treatment System areas on the lot.
- ☐ Significant hydrologic features and risk factors associated with the site.
- ☐ The proposed primary and replacement system type, size, and location with their sizing design calculations attached as specified by the qualified Home Sewage Treatment System designer.

**OFFICIAL APPLICATION PHASE**: (must be submitted at least 2 weeks prior to the Planning Commission meeting at which action is desired.)

☐ (c) All information required by sub paragraphs (a) through (b) above of this Section 5.6.2.

☐ (d) Certifications of concept approval, with reference to the APD (Activity Project Development) number assigned by the Subdivision Administrator, evidenced by either letters with signature or plans with approval stamps, certifying adequacy of existing public facilities and concept approval of the preliminary plan by:

☐ (1) the County Engineer's office (as to sight distances, drainage, construction standards, etc.),

☐ (2) the applicable sewer authority - Metropolitan Sewer District of greater Cincinnati, Hamilton County Board of Health, etc. (as to availability of public sanitary sewer and adequacy of proposed public or private sewerage concept),

☐ (3) the applicable water authority – Greater Cincinnati Water Works, etc. (as to availability of public water service),

☐ (4) the applicable township zoning administrator or County Zoning Administrator (as to lot size, building setbacks, frontage and width),

☐ (5) the Department of Public Works (as to the general location of storm drainage facilities),

☐ (6) such other applicable offices and agencies as may be identified by the Subdivision Administrator.

(e) Concept report from Township Trustees or authorized representative pertaining to the following, if applicable:

☐ (1) Historic features (A landmark or feature associated with an historic event which has been officially designated as having historical significance by a state, county, township or municipal agency.)

☐ (2) Requested variation to the typical street R.O.W. standard (Township roads only).

☐ (3) Remnant Parcels (as per section 12.2.6) which are intended to be dedicated to the township.

☐ (4) Recommendation of adopted Township Plans relating to ornamental entranceways or structures (Section 12.3.15 (b)), and bikeways (Section 12.3.16, or requested exceptions to sidewalk requirements (Section 12.3.14 (a)).

☐ (f) The fee indicated on the Subdivision Fee Schedule.