

HAMILTON COUNTY, OHIO

| |
|---|
| COMMERCIAL APPLICATION |
| BUILDING PERMIT |
| NEW CONSTRUCTION, ADDITIONS, ALTERATIONS, REPAIRS DEMOLITION |

| | | | |
|---|------|----------------|------|
| DEPARTMENT OF BUILDING INSPECTIONS | | | |
| ROOM 801, 138 E. COURT ST. , CINTI., OH 45202 | | | |
| (513) 946-4550 | | (FAX) 946-4511 | |
| PLANNING | ZONE | BOOK | PAGE |

| |
|----------------------------|
| APPLICATION NO. |
| DO NOT WRITE IN THIS SPACE |

USE BALL POINT PEN OR TYPE

1 PROJECT NAME _____ **LOT** _____ **MALL/STRIP CENTER/ OTHER BLDG. NAME** _____

ADDRESS _____ **ZIP CODE** _____ **TOWNSHIP/MUNICIPALITY** _____

| 2 NAME | STREET ADDRESS | CITY | ST. | ZIP CODE | PHONE NO. |
|----------------------------|----------------|------|-----|----------|-----------|
| BUILDING OWNER | | | | | |
| TENANT | | | | | |
| CONTRACTOR | | | | | |
| DESIGNER OF RECORD | | | | | |
| APPLICANT | | | | | |
| APPLICANT'S E-MAIL ADDRESS | | | | FAX NO. | |

3 PROPOSED USE GROUP: _____ **TYPE OF CONSTRUCTION:** _____ **PREVIOUS USE:** _____

(VACANT IS NOT ACCEPTABLE)

4 TYPE OF WORK: NEW ☐ ADDITION ☐ ALTERATION ☐ **5 BUILDING IS FULLY SPRINKLERED:** YES ☐ NO ☐

(CIRCLE ONE)

6 DESCRIPTION OF WORK: _____

7 GROSS SQ. FT.: _____ **8 AREA OF THIS PROJECT:** _____ **9 EST. START DATE:** _____

(USING OUT TO OUT DIMENSIONS)

10 NO. OF STORIES: _____ **11 TOTAL NUMBER OF OCCUPANTS:** _____ **12 ESTIMATED COST:** _____

(LABOR, MATERIAL, OH&P)

13 PUBLIC SEWER ☐ **PUBLIC WATER** ☐ **PRIVATE SEWER** ☐ **PRIVATE WATER** ☐

14 YOU MAY NEED APPROVALS FROM OTHER DEPARTMENTS BEFORE A PERMIT WILL BE ISSUED.

15 THE BUILDING PERMIT WILL NOT BE ISSUED UNTIL:

- 1) ALL OF THE PROJECT RELATED APPLICATIONS LISTED BELOW ARE PROPERLY FILED AT THE PERMIT COUNTER.
- 2) THE HVAC & EXHAUST HOOD APPLICATIONS HAVE RECEIVED PLAN APPROVAL.

| | | | | | | | |
|-------------------------|--------------------------|-----|--------------------------|----------|--------------------------|----------|-----------------------|
| HVAC | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |
| GAS LINE | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |
| EXHAUST HOOD(S) | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |
| FIRE ALARM SYSTEM | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |
| HOOD SUPPRESSION SYSTEM | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |
| FIRE SUPPRESSION SYSTEM | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |
| UNDERGROUND FIRE LINE | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |

16 ENERGY CONSERVATION REQUIREMENTS: CHAPTER 13 (OBC) - CALCULATIONS SHALL ACCOMPANY THIS APPLICATION

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the resolutions of the County of Hamilton, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with drawings and specifications submitted herewith, and certify that all of the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

NOTE: FILING THIS APPLICATION DOES NOT CONSTITUTE PERMISSION TO BEGIN WORK

APPLICANT'S PRINTED NAME _____ DATE _____ APPLICANT'S SIGNATURE _____ DATE _____

(READ LINE 15 ABOVE BEFORE SIGNING THIS FORM)

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

RECOMMENDS PLAN APPROVAL: _____ **DATE** _____ **CLARIFICATION MEMO** ☐ **ITEMS** _____

CONDITIONAL RELEASE ☐ **DAYS** _____

ZONING APPROVAL: _____ **DATE** _____ **SPECIAL INSPECTIONS** ☐

| | | | |
|-----------------------|------------------|---------------------|--------------------------------|
| DATE PERMIT ISSUED | PERMIT NUMBER | TOTAL PERMIT FEE | LESS PRE-PAYMENT AMOUNT DUE |
| _____ | _____ | _____ | _____ |

HAMILTON COUNTY, OHIO

DEPARTMENT OF BUILDING INSPECTIONS

ROOM 801, 138 E. COURT STREET, CINTI OH., 45202

(513) 946-4550

(FAX) 946-4511

COMMERCIAL APPLICATION

MECHANICAL PERMIT

NEW MECHANICAL INSTALLATIONS
MECHANICAL REPLACEMENTS
MECHANICAL ALTERATIONS & ADD-ONS
KITCHEN HOODS
FUEL-GAS PIPING

APPLICATION NO.

BLDG. REF. NO.

PLAN EXAM'R

USE BALL POINT PEN OR TYPE

PROJECT INFORMATION

1 PROJECT NAME: _____ MALL / STRIP CENTER / BLDG. NAME _____
ADDRESS _____ ZIP _____ TOWNSHIP/MUNICIPALITY _____

| 2 NAME | STREET ADDRESS | CITY | ST | ZIP CODE | PHONE NO. |
|----------------------------|----------------|------|----|----------|-----------|
| BUILDING OWNER | | | | | |
| TENANT | | | | | |
| MECH. CONTR. | | | | | |
| DESIGNER OF RECORD | | | | | |
| APPLICANT | | | | | |
| APPLICANT'S E-MAIL ADDRESS | | | | FAX NO. | |

3 PERMIT APPLICATION FOR:

BUILDING
HVAC☐KITCHEN
HOODS☐FUEL-GAS
PIPING☐

OTHER

☐

DESCRIPTION OF WORK: _____

4 ESTIMATED COST: _____ EST. START DATE: _____ EST. COMPLETION DATE: _____

5 BUILDING INFORMATION: COMPLETE THIS SECTION IF ANY MECHANICAL WORK IS SUBMITTED SEPARATELY FROM THE BUILDING PERMIT.

A. BUILDING CONSTRUCTION TYPE: _____ C. BUILDING USE CLASSIFICATION: _____
B. OCCUPANT LOAD: _____ D. BUILDING GROSS SQ. FOOTAGE: _____

6 TYPE OF BUILDING HVAC WORK: ALL DETAILED MECHANICAL INFORMATION MUST BE ON THE DRAWINGS.

NEW

☐

REPLACEMENT

☐

ALTERATION

☐

ADD-ON

☐

DESCRIPTION OF WORK: _____

7 COMMERCIAL KITCHEN EXHAUST SYSTEMS:

KITCHEN HOODS:

A. TYPE I: TOTAL NO. OF TYPE I HOODS: _____ TOTAL LENGTH OF ALL TYPE I HOODS: _____ FT.
B. TYPE II: TOTAL NO. OF TYPE II HOODS: _____ TOTAL LENGTH OF ALL TYPE II HOODS: _____ FT.

8 FUEL-GAS PIPING SYSTEMS:

A. TOTAL NO. OF FUEL-GAS METERS: _____ B. OPERATING PRESSURE: STANDARD ☐ HIGH ☐

9 REPLACEMENT EQUIPMENT:

A. NEW EQUIPMENT: TYPE _____ FUEL _____ INPUT _____ OUTPUT _____ WEIGHT _____ lbs.
B. EXIST. EQUIPMENT: TYPE _____ FUEL _____ INPUT _____ OUTPUT _____ WEIGHT _____ lbs.

The owner of this building and undersigned, do hereby covenant and agree to comply with all of the laws of the State of Ohio and the resolutions of the County of Hamilton, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with drawings and specifications submitted herewith, and certify that all of the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

NOTE: FILING THIS APPLICATION DOES NOT CONSTITUTE PERMISSION TO BEGIN WORK.

APPLICANT'S PRINTED NAME

DATE

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

RECOMMENDS PLAN APPROVAL: _____ DATE: _____ CLARIFICATION MEMO ☐ ITEMS _____

DATE PERMIT ISSUED _____ PERMIT NUMBER _____ TOTAL PERMIT FEE _____ LESS PRE-PAYMENT AMOUNT DUE _____

HAMILTON COUNTY, OHIO

DEPARTMENT OF BUILDING INSPECTIONS

ROOM 801, 138 E. COURT STREET, CINTI OH., 45202

(513) 946-4550

(FAX) 946-4511

FIRE PROTECTION SYSTEMS

SPRINKLER SYSTEMS
LIMITED AREA SYSTEMS
HOOD SUPPRESSION SYSTEMS
UNDERGROUND FIRE LINES
FIRE ALARM SYSTEMS

APPLICATION NO.

BLDG. REF. NO.

PLAN EXAMR

USE BALL POINT PEN OR TYPE

PROJECT INFORMATION

1 PROJECT NAME: _____ MALL / STRIP CENTER / BLDG. NAME _____
ADDRESS _____ ZIP _____ TOWNSHIP/MUNICIPALITY _____

| 2 NAME | STREET ADDRESS | CITY | ST | ZIP CODE | PHONE NO. |
|----------------------------|----------------|------|----|----------|-----------|
| BUILDING OWNER | | | | | |
| TENANT | | | | | |
| MECH. CONTR. | | | | | |
| DESIGNER OF RECORD | | | | | |
| APPLICANT | | | | | |
| APPLICANT'S E-MAIL ADDRESS | | | | FAX. NO. | |

3 PERMIT APPLICATION FOR:

FIRE
ALARM

☐

BUILDING
SPRINKLER

☐

LIMITED
AREA

☐

HOOD
F.S.S.

☐

UNDER GROUND
FIRE LINE

☐

OTHER _____

4 SUBMISSION: IF SUBMITTED SEPARATELY FROM THE BUILDING PERMIT COMPLETE 4a THROUGH 4c

4a. BUILDING CONSTRUCTION TYPE _____ **4c.** PROJECT GROSS SQ. FOOTAGE _____

4b. BUILDING USE CLASSIFICATION _____

5 TYPE OF WORK: NEW ☐ MODIFYING EXISTING ☐ REPLACING EXISTING ☐

DESCRIPTION _____

6 ESTIMATED COST: _____ **EST. START DATE:** _____ **EST. COMPLETION DATE:** _____

7 TYPE OF SYSTEM:

A. HOOD SUPPRESSION SYSTEM: NUMBER OF HOODS _____ DESIGNER NUMBER _____

B. FIRE ALARM SYSTEM: NUMBER OF ZONES _____ DESIGNER NUMBER _____

METHOD OF SUPERVISION:
(CIRCLE ONE)

CENTRAL
STATION

PROPRIETARY
SYSTEM

REMOTE
STATION

SUPERVISORY
SERVICE

C. SPRINKLER SYSTEM: NO. OF HEADS _____ DESIGNER NUMBER _____
SPRINKLER / STANDPIPE DEMAND AT BASE OF RISER: _____ GPM @ _____ PSI

HAZARD OCCUPANCY:
(CIRCLE ONE)

LIGHT

ORDINARY
GROUP 1

ORDINARY
GROUP 2

EXTRA
GROUP 1

EXTRA
GROUP 2

SPECIAL

DESIGN APPROACH:
(CIRCLE ONE)

NFPA 13

NFPA 13R

NFPA 13D

NFPA 231

OTHER _____

METHOD OF SUPERVISION:
(CIRCLE ONE)

CENTRAL
STATION

PROPRIETARY
SYSTEM

REMOTE
STATION

SUPERVISORY
SERVICE

LOCKED OPEN
VALVES

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the resolutions of the County of Hamilton, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with drawings and specifications submitted herewith, and certify that all of the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

NOTE: FILING THIS APPLICATION DOES NOT CONSTITUTE PERMISSION TO BEGIN WORK.

APPLICANT'S PRINTED NAME

DATE

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

RECOMMENDS PLAN APPROVAL: _____ **DATE:** _____ CLARIFICATION MEMO ☐ ITEMS _____

DATE PERMIT ISSUED _____ PERMIT NUMBER _____ TOTAL PERMIT FEE _____ LESS PRE-PAYMENT AMOUNT DUE _____

HAMILTON COUNTY, OHIO

DEPARTMENT OF BUILDING INSPECTIONS

ROOM 801, 138 E. COURT ST. , CINTI., OH 45202
(513) 946-4550 (FAX) 946-4511

APPLICATION NO.

DO NOT WRITE IN THIS SPACE

FIRE / IBI DEPARTMENT ROUTING SLIP

USE BALL POINT PEN OR TYPE

1 PROJECT NAME _____ **LOT** _____ **MALL/STRIP CENTER/ OTHER BLDG. NAME** _____

ADDRESS _____ **ZIP CODE** _____ **TOWNSHIP/MUNICIPALITY** _____

| 2 NAME | STREET ADDRESS | CITY | ST. | ZIP CODE | PHONE NO. |
|----------------------------|-----------------------|-------------|------------|-----------------|------------------|
| BUILDING OWNER | | | | | |
| TENANT | | | | | |
| CONTRACTOR | | | | | |
| DESIGNER OF RECORD | | | | | |
| APPLICANT | | | | | |
| APPLICANT'S E-MAIL ADDRESS | | | | FAX NO. | |

3 PROPOSED USE GROUP: _____ **TYPE OF CONSTRUCTION:** _____ **PREVIOUS USE:** _____

(VACANT IS NOT ACCEPTABLE)

4 TYPE OF WORK: NEW ☐ ADDITION ☐ ALTERATION ☐ **5 BUILDING IS FULLY SPRINKLERED:** YES NO
(CIRCLE ONE)

6 DESCRIPTION OF WORK: _____

7 GROSS SQ. FT: _____ **8 EST. START DATE:** _____ **9 EST. COMPLETION DATE:** _____

(USING OUT TO OUT DIMENSIONS)

10 NO. OF STORIES: _____ **11 TOTAL NUMBER OF OCCUPANTS:** _____ **12 PLUMBING WORK:** YES NO
(CIRCLE ONE)

13 PUBLIC SEWER ☐ **PUBLIC WATER** ☐ **PRIVATE SEWER** ☐ **PRIVATE WATER** ☐

APPLICANT'S PRINTED NAME _____ DATE _____ APPLICANT'S SIGNATURE _____ DATE _____

GREATER CINCINNATI WATER WORKS

BUILDING PERMIT REVIEW APPLICATION

AN OVERALL **SITE PLAN** SHOWING
PROPOSED WATER MAINS AND
WATER SERVICES MUST BE
ATTACHED AND SUBMITTED WITH
THIS APPLICATION FORM.

ENGINEERING DIVISION

4747 SPRING GROVE AVE.
CINCINNATI, OH 45232-1986
(513) 591-7859
Fax (513) 591-7878

APPLICATION NO. _____

BUILDING DEPARTMENT JURISDICTION _____

THIS FORM MUST BE SUBMITTED TO GCWW FOR
ANY CONSTRUCTION WORK, EVEN IF WATER
SERVICE IS NOT DESIRED OR IF EXISTING WATER
SERVICE IS OR IS NOT IMPACTED.

COMMUNITY OR SUBDIVISION NAME _____

| IDENTIFICATION | NAME | ADDRESS, CITY, STATE, ZIP | PHONE NO. |
|--------------------|------|---------------------------|-----------|
| OWNER | | | |
| GENERAL CONTRACTOR | | | |
| PLANS BY | | | |
| SUBMITTED BY | | | |

COUNTY AUDITOR'S BOOK _____ PAGE _____ PARCEL _____ LOT _____

PROJECT ADDRESS _____

TYPE OF BUILDING/LAND USE (CHECK ALL APPROPRIATE ITEMS)

| | | |
|---|--|---|
| <input type="checkbox"/> RESIDENTIAL, 1-3 FAMILY | <input type="checkbox"/> EDUCATIONAL BUILDING | <input type="checkbox"/> LIGHT INDUSTRIAL |
| <input type="checkbox"/> RESIDENTIAL, MULTIPLE FAMILY | <input type="checkbox"/> INSTITUTIONAL/MEDICAL | <input type="checkbox"/> FACTORY/INDUSTRIAL |
| <input type="checkbox"/> LIGHT BUSINESS/COMMERCIAL | <input type="checkbox"/> ASSEMBLY BUILDING | <input type="checkbox"/> HIGH HAZARD |
| <input type="checkbox"/> HEAVY BUSINESS/COMMERCIAL | <input type="checkbox"/> STORAGE BUILDING | <input type="checkbox"/> GOVERNMENT |
| <input type="checkbox"/> OTHER _____ | | |

CHECK ALL BOXES THAT APPLY:

☐ APPLICANT WILL USE EXISTING WATER SERVICE (IF KNOWN) ACCOUNT # _____

☐ APPLICANT WILL REQUEST **NEW DOMESTIC WATER SERVICE** AND MAKE SEPARATE APPLICATION FOR WATER SERVICE AT GCWW BRANCH SERVICE SECTION

☐ APPLICANT WILL REQUEST **NEW FIRE SERVICE** AND MAKE SEPARATE APPLICATION FOR WATER SERVICE AT GCWW BRANCH SERVICE SECTION
NEEDED FIRE FLOWS FROM PUBLIC WATER SYSTEM _____ (G.P.M.) AT 20 P.S.I., FROM LICENSED FIRE SPRINKLER CONTRACTOR
ACCEPTABLE TO THE LOCAL FIRE AUTHORITY AND GCWW.

☐ APPLICANT DESIRES **NO WATER SERVICE TAP** FROM GCWW
☐ USING CISTERN; ☐ USING WELL; ☐ STRUCTURE NOT FOR HUMAN HABITATION

The undersigned owner of this building or agent of the owner hereby certifies that the information and statements given on the application, drawings and specifications are, to the best of his/her knowledge, correct and acknowledges the action taken on this application does not constitute approval for 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 at the GCWW Branch Services Counter at the same address as above. GCWW current standards for branch materials will apply.

SIGNATURE _____ TITLE _____

COMPANY NAME _____

DATE _____

DAYTIME PHONE NUMBER _____ DAYTIME FAX NUMBER _____

FOR GCWW USE ONLY

☐ WATER IS AVAILABLE

☐ WATER CAN BE MADE AVAILABLE SUBJECT TO THE FOLLOWING CONDITIONS BEING MET PRIOR TO THE GCWW
ACCEPTANCE OF A WATER SERVICE BRANCH APPLICATION

☐ WATER IS NOT AVAILABLE

EXPLANATION: _____

APPLICATION REVIEWED BY _____

TITLE _____

DATE _____



HAMILTON COUNTY EARTHWORK APPLICATION

Hamilton County Soil & Water Conservation District
1325 E Kemper Rd, Suite 115, Cincinnati, OH 45246
ph (513) 772-7645 / fax (513) 772-7656
earthworkpermits@hamilton-co.org

APPLICATION NO.

DO NOT WRITE IN THIS SPACE

1. INSTRUCTIONS: Legibly complete all applicable sections of this form. Depths of excavation and fill refer to mass earthwork sections and should not include excavations or backfill for footings / foundations. Slopes are expressed in terms of ratio: horizontal to vertical (e.g. 3H:1V), and/or as a percentage. Earthwork quantities and import/export information should refer to mass earthwork quantities, not including aggregate for backfill and/or road base, or other construction materials.
Use "?" if unknown, or describe on back.

DATE OF SUBMITTAL: _____

PROJECT DESCRIPTION: _____

| | | | | | |
|-----------------------|--|-------------|--------------|------------|--|
| A) Owner | | | Phone: _____ | | |
| Street Address: _____ | | City: _____ | State: _____ | Zip: _____ | |
| Email: _____ | | | | | |
| B) Developer | | | Phone: _____ | | |
| Street Address: _____ | | City: _____ | State: _____ | Zip: _____ | |
| Email: _____ | | | | | |
| C) Applicant | | | Phone: _____ | | |
| Street Address: _____ | | City: _____ | State: _____ | Zip: _____ | |
| Email: _____ | | | | | |
| D) Contractor | | | Phone: _____ | | |
| Street Address: _____ | | City: _____ | State: _____ | Zip: _____ | |
| Email: _____ | | | | | |

2. PROJECT INFORMATION:

Is disturbed area greater than one (1) acre? NO YES If YES, what is total acreage disturbed: _____
Project Title: _____ Address: _____ Municipality / Twp: _____
Name of Subdivision or Common Plan of Development (If Applicable): _____

3. EARTHWORK INFORMATION: (Complete parts A, B, C) --OR-- Initial here _____ for **NO EARTHWORK REQUIRED** (Proceed to Section 4)

A. EXCAVATION

1. Maximum depth of **Excavation**: _____ ft
2. Volume of **Excavation** (cubic yards): _____ CY
3. Existing Maximum Slope of Area to be **Excavated**: _____ H:V
4. Proposed Maximum Slope of Area to be **Excavated**: _____ H:V

B. FILL

1. Maximum depth of **Fill**: _____ ft
2. Volume of **Fill** (cubic yards): _____ CY
3. Existing Maximum Slope of Area to be **Filled**: _____ H:V
4. Proposed Maximum Slope of Area to be **Filled**: _____ H:V

C. Will **EXPORT** or **IMPORT** be required: NO YES

If YES: Volume: _____ CY Export Import (Select One)

Location of Borrow or Export site: _____

4. THE OWNER OF THE DEVELOPMENT, AND/OR UNDERSIGNED AS AGENT FOR THE OWNER, DO HEREBY COVENANT AND AGREE TO COMPLY WITH ALL LAWS OF THE STATE OF OHIO AND THE REGULATIONS OF THE COUNTY OF HAMILTON, PERTAINING TO EARTHWORK, AND INCLUDING SEDIMENT AND EROSION CONTROL, AND THAT THE SAID CONSTRUCTION WILL BE IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HERewith, AND CERTIFY THAT THE INFORMATION AND STATEMENT GIVEN ON THIS APPLICATION ARE TRUE.

APPLICATION BY: _____

EMAIL: _____

SIGNATURE: _____

TELEPHONE: _____

PLEASE DO NOT WRITE BELOW THIS LINE

revn 1/19

EXEMPT _____

PERMIT REQUIRED _____

DATE _____

INITIALS _____



Storm Water Drainage System Application

Hamilton county Planning & Development
138 East Court Street RM 801 - Cincinnati, Ohio 45202
Phone 513-946-4550
Fax 513-946-4744

1. Applicant to complete all applicable spaces on this form.

Date: _____

| Identification | Name | Street Address | City | State | Zip | Phone | Email Address |
|---------------------|------|----------------|------|-------|-----|-------|---------------|
| Owner or Developer: | | | | | | | |
| Contractor: | | | | | | | |
| Engineer | | | | | | | |

2. Project Information:

Project Title: _____

A unique name to identify your project

Township: _____

Project Address: _____

3. Check Applicable Box:

| Type of Project | Concept Review | Improvement Plan* Review |
|--|----------------|--------------------------|
| Subdivision: | | |
| Frontage Subdivision: | | |
| Commercial/Industrial: | | |
| Building Permit: | | |
| Other: | | |
| *Improvement plans are detailed construction drawings. | | |

4. The owner of the development and undersigned do hereby covenant and agree to comply with all the laws of the State of Ohio and the regulations of the County of Hamilton pertaining to storm water management, and that said construction will be in accordance with plans and specifications submitted herewith and certify that the information and statement given on this application are true.

Print Your Name & Company name

Signature

Date



HAMILTON COUNTY

Planning +
Development

STORM WATER & INFRASTRUCTURE

138 East Court St, Rm 801, Cincinnati, OH 45202

Phone (513) 946-4550, Fax (513) 946-4744

REVIEW & INSPECTION FEE

Tabulation Sheet

Project Name

Project Address

Storm Sewer Information Tabulated by

Date

- | | | |
|--|-------------------------|------------------|
| 1. Total Number of Structures | X \$114 Per structure = | |
| 2. Total Length Storm Sewer Pipe (12 inch or Greater) | X \$2.00 Per LF = | |
| 3. Total number of Detention/retention Basin | X \$570 Per Basin = | |
| 4. Total Inspection fee (minimum \$570) add item 1+2+3 = | | |
| 5. Total Review Fee 20% of Inspection Fee (Item4 x0.20)= | | (\$570 Minimum) |
| 6. Review + Inspection (Item4+Item5) = | | (\$1140 Minimum) |
| 7. Technology Fee (5% of ITEM 6) = | | (Item6 x 0.05) |
| 8. Total Item 6 + Item 7 = | | (\$1140 Minimum) |

THE MINIMUM FEE FOR THE PROJECT WILL BE \$ 1140

The above fees are based on \$61/hr for review and \$ 56/hr for inspection. If additional inspection is necessary, appropriate fees will be billed.

PAYMENT INFORMATION

(Separate Payment Required for Storm Water Fee)

Total Amount (Review + Inspection) of Deposit =

Fee Amount

Payment Type: Check

Cash

Credit Card

Received by

THE FOLLOWING ITEMS ARE COVERED BY THE SUBMITTAL FEES:

- | | |
|---|---|
| 1. Pre-development Review Meeting. | 9. Inspection of the Punch list Items. |
| 2. Improvement Plan Review | 10. Inquiry from neighboring property owners and Township official. |
| 3. Flood Study Information. | 11. All inspections performed up to the time at which the subdivision Record Plat is recorded. Also, all inspections performed for a period of one year after the recording of the subdivision record plat. |
| 4. Design Calculations Review. | |
| 5. Review of Detention Easement plats and As-Built. | |
| 6. Pre-Construction Meeting | |
| 7. All Inspections of Storm Drainage System (Public & Private). | |
| 8. Establishing Bond Amount through Punch list. | |

ITEMS NOT COVERED BY THE SUBMITTAL FEES

- Review of HEC-RAS Study.
- Any revisions after the final improvement plan are approved.
- All re-inspection after one year of recording the Record Plat.

Effective January 1, 2023