

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
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APPLICATION NO.
<small>DO NOT WRITE IN THIS SPACE</small>

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 _____
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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.

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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

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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 _____

COMMUNITY OR SUBDIVISION NAME _____

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.

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

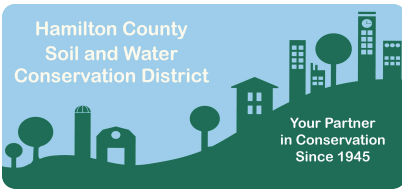
WATER IS NOT AVAILABLE

EXPLANATION: _____

APPLICATION REVIEWED BY _____

TITLE _____

DATE _____



HAMILTON COUNTY EARTHWORK APPLICATION

Hamilton County Soil & Water Conservation District

1325 E. Kemper Rd, Ste 115, Cincinnati, OH 45246

ph (513) 772-7645 / fax (513) 772-7656

EMAIL: 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 uncertain, "UNKN" if unknown, or describe on back.**

DATE OF SUBMITTAL: _____ **PROJECT DESCRIPTION:** _____

NAME	STREET ADDRESS	CITY	STATE	ZIP	PHONE	EMAIL
A) Owner						
B) Developer						
C) Applicant						
D) Contractor						

2. PROJECT INFORMATION:

Is disturbed area greater than one (1) acre? NO () YES () If YES, what is total acreage disturbed: _____

Project Title: _____ Address: _____ City/Twp: _____

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

A. EXCAVATION

- 1. Volume of **EXCAVATION** (cubic yards): _____ CY
- 2. Maximum depth of **Excavation**: _____ ft
- 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. Volume of **FILL** (cubic yards): _____ CY
- 2. Maximum depth of **Fill**: _____ ft
- 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 (Circle 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: _____
(PRINT)

EMAIL: _____

SIGNATURE: _____
(SIGN)

TELEPHONE: _____

PLEASE DO NOT WRITE BELOW THIS LINE

revn 7/14

EXEMPT _____

PERMIT REQUIRED _____

DATE _____

INITIALS _____



Storm Water Drainage System Application
 SDS Review & Inspection for 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
Owner or Developer:						
Contractor:						
Plans By:						

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 Structure _____ X \$105 Per structure = _____
2. Total Length Storm Sewer Pipe (12 inch or Greater) _____ X \$1.84 Per LF = _____
3. Total number of Detention/retention Basin _____ X \$524 Per Basin= _____
4. Total Inspection fee (minimum \$524) add item 1+2+3 = _____
5. Total Review Fee 20% of Inspection Fee (Item4 x0.20)= _____ (\$524 Minimum)
6. Review + Inspection (Item4+Item5) = _____ (\$1048 Minimum)
7. Technology Fee (5% of ITEM 6) = _____ (Item6 x 0.05)
8. Total Item 6+ Item 7 = _____ (\$1101 Minimum)

THE MINIMUM FEE FOR THE PROJECT WILL BE \$ 1101.00

The above fees are based on \$55.61/hr for review and \$ 50.55/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

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