

HAMILTON COUNTY, OHIO

PLANNING & DEVELOPMENT DEPARTMENT

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

(513) 946-4550

(FAX) 946-4511

RESIDENTIAL APPLICATION

BUILDING PERMIT

NEW 1, 2 & 3 FAMILY DWELLINGS,
ADDITIONS, ALTERATION, DECKS,
ACCESSORY STRUCTURES, ETC.

PLANNING APP	ZONE	BOOK	PAGE
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APPLICATION NO.

DO NOT WRITE IN THIS SPACE

PROJECT INFORMATION:

USE BALL POINT PEN OR TYPE

1 PROJECT ADDRESS: _____ Zip Code _____

_____ feet, N S E W , from intersection of _____ Lot Number _____ Parcel _____

Subdivision _____ Township _____ Municipality _____

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

3 WORK TYPE: NEW SFD ADDITION ALTERATION ACCESSORY STRUCTURE DECK OTHER

4 DESCRIBE THE WORK: _____

5 GROSS SQ. FEET: 1ST + UPPER LEVELS _____ FIN. BASEMENT _____ UNFIN. BASEMENT _____ GARAGE _____

6 NO. BEDROOMS: _____ **7 EST. COST:** _____ **8 EST. START DATE:** _____ **9 EST. FINISH DATE:** _____

10 WOOD FRAME: **OTHER:** _____

11 PUBLIC SEWER: **PUBLIC WATER:** **PRIVATE SEWER:** **PRIVATE WATER:**

12 ENERGY CONSERVATION: ALL ONE-, TWO- AND THREE-FAMILY DWELLINGS AND ALL ACCESSORY STRUCTURES THAT ARE HEATED AND/OR COOLED SHALL CONFORM TO THE REQUIREMENTS OF CHAPTER 11, *RESIDENTIAL CODE OF OHIO* (RCO), Section 1101.1 DRAWINGS, THE INSULATION R-VALUES LISTED BELOW ARE CONSIDERED THE MINIMUM PRESCRIPTIVE METHOD REQUIREMENTS CONTAINED IN THE RCO. 1101.2 COMPLIANCE. COMPLIANCE SHALL BE DEMONSTRATED BY MEETING THE REQUIREMENT OF ONE OF THE FOLLOWING OPTIONS:

PLEASE INDICATE THE METHOD OF COMPLIANCE PATH BELOW

- Sections 1101.14 through 1101.12 shall comply with this chapter
- Section 1105 (the Simulated Performance approach) and the provisions of Sections 1101.14 through 1104 indicated as "Mandatory", - Requires Rem Check
- Section 1106 (the Energy Rating Index (ERI) approach) and the provisions of Sections 1101.14 through 1104 indicated as "Mandatory", and Sections 1103.5.3 - Requires Rem Check
- Section 1112 ("The Ohio Home Builder's Association (OHBA) Alternative Energy Code Option")
- The "International Energy Conservation Code."

13 MECHANICAL INFORMATION: (MARK ALL THAT APPLY BELOW) ALL HEATING EQUIPMENT SHALL BE SIZED TO ACHIEVE AND MAINTAIN AN INSIDE TEMPERATURE OF 68° F AT 36 INCHES ABOVE THE FLOOR IN ALL HABITABLE ROOMS WHEN THE OUTSIDE TEMPERATURE IS 7° F.

A. TYPE OF SYSTEM: NEW EXISTING GEO-THERMAL TRADITIONAL **B. FUEL TYPE:** NAT. GAS LP. GAS ELECT. OTHER _____

C. FURNACE: YES NO 2) SEALED UNIT: YES NO 3) SEALED UNIT: YES NO **D. WATER HEATER:** Electric Gas

_____ Btu INPUT _____ Btu OUTPUT _____ Btu COOLING _____ Btu

1) INPUT _____ Btu 2) INPUT _____ Btu

E. Describe the type of Mechanical System including ductwork layout: _____

The owner or the owner's agent of this building and undersigned, do hereby certify that all of the information and statements given on this application, drawings and specifications are to the best of the 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 _____

ZONING APPROVED BY: _____ DATE _____

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

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 _____

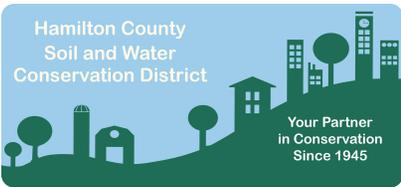
DAYTIME PHONE NUMBER _____ DAYTIME FAX NUMBER _____

*****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 _____