



**PRELIMINARY SUBDIVISION PLAN
SUBDIVISION IMPROVEMENT PLAN
SUBDIVISION RECORD PLAT**

**CONSOLIDATED APPLICATION
FOR REVIEW BY THE FOLLOWING AGENCIES:**

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

Note: To simplify and expedite the review of your application, this consolidated application form will be transmitted by the Hamilton County Planning and Development Department (application coordinating agency) simultaneously to the agencies listed above.

All application forms, plans, revisions, and correspondence (from applicants and agencies) for this application must be submitted to the Hamilton County Planning and Zoning Department for coordinated processing. This process does not restrict the applicant from discussing the project directly with individual agencies prior to or after application submittal. However, official review, recommendations, and final actions by the agencies listed above require submittal to and distribution by the application coordinating agency—Hamilton County Planning and Development Department.

◆ **Submit this completed application form to:** ◆

Mr. John Huth, Subdivision Administrator
Hamilton County Planning and Zoning Department
138 E Court Street, Room 807
Cincinnati, OH 45202-1237
(513)946-4465 Phone
(513)946-4475 FAX
John.huth@hamilton-co.org

CONTACTS FOR THE SUBDIVISION REVIEW AND APPROVAL PROCESS

Mr. Greg Cassiere
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. Russ Weber, P.E.
Principal Engineer
Greater Cincinnati Water Works / MSDGC
4747 Spring Grove Ave.
Cincinnati, OH 45232
513-591-7862
russ.weber@gcww.cincinnati-oh.gov

Ms Debi S. Calhoun, Subdivision/Technician
Office of Hamilton County Engineer
223 W. Galbraith Rd
Cincinnati, OH 45215
PH: 513-946-8425 FAX: 513-946-8424
Debi.calhoun@hamilton-co.org

Mr. Jim Webler, PE, PS Project Engineer
Stormwater & Infrastructure
Storm Water Drainage System Division
138 E Court Street – Room 800
Cincinnati, Ohio 45202
513-946-4753
James.welber@hamilton-co.org

Mr. Robert Sheets PE, Geotechnical Engineer
Hamilton County Soil & Water Conservation District
Earthwork Program
Permit Application & Geotechnical Services
138 E Court Street – Room 800
Cincinnati, OH 45202
(513) 946-4756 FAX (513) 772-7656
Robert.sheets@hamilton-co.org

Mr. Mohammad M Islam, PE Project Engineer
Manager
Stormwater & Infrastructure
138 E Court Street – Room 800
Cincinnati, Ohio 45202
513-946-4757
Mohammad.islam@hamilton-co.org

Mr. Greg Smorey, CFM
Stormwater & Infrastructure
Special Flood Hazard Area Division
138 E Court Street – Room 800
Cincinnati, Ohio 45202
513-946-4760
greg.smorey@hamilton-co.org

Mr. Bryan D Snyder AICP,
Development Services Administrator
Hamilton County Planning and Zoning Department
138 E Court Street, Room 807
Cincinnati, OH 45202-1237
(513)946-4464 Phone
(513)946-4475 FAX
bryan.snyder@hamilton-co.org

Dan Taphorn, CPESC
Hamilton County Soil & Water Conservation
District Earthwork Program - Erosion Prevention
and Sediment Control
29 Triangle Park Drive, Suite 2901
Cincinnati, Ohio 45246
Phone: 513-772-7645
Fax: 513-772-7656
Email: dan.taphorn@hamilton-co.org



CONSOLIDATED APPLICATION FOR REVIEW OF:

- PRELIMINARY SUBDIVISION PLAN
- SUBDIVISION IMPROVEMENT PLAN
- SUBDIVISION RECORD PLAT

<p>APPLICANT: <input type="checkbox"/> Direct all correspondence to Applicant</p> <p>Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____</p>	<p>SUBDIVISION DATA:</p> <p>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</p>	DATE RECEIVED
<p>DEVELOPER/SUBDIVIDER: <input type="checkbox"/> Direct all correspondence to Developer/Subdivider</p> <p>Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____</p>	<p>PROPOSED UTILITIES: (Check all that apply)</p> <p>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)</p>	RPC FEE
<p>ENGINEER: <input type="checkbox"/> Direct all correspondence to Engineer</p> <p>Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____</p>	<p>WATER USE INFORMATION (Check all that apply)</p> <p>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? <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</p>	CK# / CASH
<p>SURVEYOR: <input type="checkbox"/> Direct all correspondence to Surveyor</p> <p>Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____</p>	<p>Any existing service branches to the property? <input type="checkbox"/> YES <input type="checkbox"/> NO How many? _____</p> <p>LOCATION, AREA AND ZONING:</p> <p>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 District(s): _____ Zoning Required Min Lot Area: _____</p>	TYPE
<p>HOUSEHOLD SEWAGE TREATMENT SYSTEM DESIGNER / QUALIFIED SOILS EVALUATOR:</p> <p>Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____</p>	<p>INDICATE EXISTING (<input checked="" type="checkbox"/>E) and Proposed (<input checked="" type="checkbox"/>P) TYPE OF LAND USE</p> <p><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 Apartments: # of 2-Bedroom units: E: _____ P: _____ <input type="checkbox"/>E <input type="checkbox"/>P Apartments: # 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: _____</p>	TOWNSHIP
<p>PERSON TO BE BILLED FOR STORM DRAINAGE SYSTEM (SDS) FEES:</p> <p>Signature: _____ Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____</p>	<p>PERSON TO BE BILLED FOR SOIL AND WATER INSPECTION/REVIEW FEES:</p> <p>Signature: _____ Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____</p>	APD#
<p>NON-BUILDING EARTHMOVEMENT DATA</p> <p>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: _____ : _____</p>	<p>INDICATE EXISTING (<input checked="" type="checkbox"/>E) and Proposed (<input checked="" type="checkbox"/>P) TYPE OF LAND USE</p> <p><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 Apartments: # of 2-Bedroom units: E: _____ P: _____ <input type="checkbox"/>E <input type="checkbox"/>P Apartments: # 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: _____</p>	SUBDIVISION NAME

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

Parcel Address	Book	Page	Parcel	Parcel Address	Book	Page	Parcel

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 BASED UPON THE APPLICATION COMPLETENESS CHECKLIST.

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.

NOTE: OWNER IS REMINDED TO MAKE APPLICATION FOR WATER SERVICE OR WATER MAIN EXTENSION AT THE GCWW ENGINEERING FRONT COUNTER AT THE GCWW ADDRESS LISTED HEREIN. GCWW CURRENT STANDARDS AND REGULATIONS WILL APPLY.

Signature of Applicant Title Company name Date