



HAMILTON COUNTY CONSOLIDATED APPLICATION FOR:

- ☐ **Minor PUD Adjustment**
(Fee: \$359.00) – 7 days to process
- ☐ **PUD Appeal to BCC**
(Fee: \$717.00) – 30 days to file appeal
- ☐ **Major PUD Adjustment**
(Fee: \$1,249.00 or \$359.00 for one single-family lot submitted by owner occupant) - Follows ZCP Submittal Schedule

*Please note: a 5% technology fee will be added to all fees effective 1/17/17

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 Planning + 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

◆ Submit this completed application form to: ◆

Hamilton County Planning + Development Department
% Bryan Snyder, Zoning Administrator
138 E Court Street, Room 801
Cincinnati, OH 45202-6202
513-946-4464
bryan.snyder@hamilton-co.org

CONTACTS FOR THE PLANNED UNIT DEVELOPMENT APPEAL AND ADJUSTMENT REVIEW AND APPROVAL PROCESS

Mr. John Huth
Senior Planner, Subdivision Coordinator
[Hamilton County Planning + Development](#)
138 E Court Street, Room 801
Cincinnati, OH 45202-1237
513-946-4465 Phone
513-946-4475 FAX
john.huth@hamilton-co.org

Mr. Bryan Snyder, AICP
Zoning Administrator
[Hamilton County Planning + Development](#)
138 E Court Street, Room 801
Cincinnati, OH 45202-1237
513-946-4464 Phone
513-946-4475 FAX
bryan.snyder@hamilton-co.org

Mr. Greg Cassiere, RS
[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. Richard Roell
[Greater Cincinnati Water Works](#)
Engineering Division
4747 Spring Grove Ave
Cincinnati, OH 45232-1986
513-591-7858
richard.roell@gcww.cincinnati-oh.gov

Mr. Ian Laseke
Principal Engineer Wastewater Engineering Division
[Metropolitan Sewer District of Greater Cincinnati](#)
1600 Gest Street
Cincinnati, OH 45204
513-557-7147
ian.laseke@cincinnati-oh.gov

Mr. Jeff Newby, Traffic Engineer
[Office of Hamilton County Engineer](#)
223 W. Galbraith Road
Cincinnati, OH 45215
PH: 513-946-8421 FAX: 513-946-8424
jeff.newby@hamilton-co.org

Mr. Mohammad M Islam, P.E., Civil Project Engineer
[Hamilton County Planning + Development](#)
Storm Water Drainage System Division
138 E Court Street – Room 801
Cincinnati, Ohio 45202
513-946-4757
mohammad.islam@hamilton-co.org

Mr. Marcelo Alberto, Urban Conservationist, CPESC
[Hamilton County Soil and Water Conservation District](#)
Hamilton County Earth Work Program
1325 E. Kemper Road, Suite 115
Cincinnati, OH 45246
513-772-7645 Ext. 18
marcelo.alberto@hamilton-co.org

Ms. Olivia Maltry, CFM
[Hamilton County Planning + Development](#)
Special Flood Hazard Area Division
138 E Court Street – Room 801
Cincinnati, Ohio 45202
513-946-4760
olivia.maltry@hamilton-co.org

Mr. Wes Bowles, GIS Manager
[Hamilton County Planning + Development](#)
138 E Court Street – Room 801
Cincinnati, Ohio 45202
513-946-4759
wesley.bowles@hamilton-co.org

HAMILTON COUNTY CONSOLIDATED APPLICATION FOR:
REVIEW OF PLANNED UNIT DEVELOPMENT ADJUSTMENT / APPEAL

APPLICANT: <input type="checkbox"/> Direct all correspondence to Applicant Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____ Signature: _____ Date: _____	PROPOSED UTILITIES: (Check all that apply): <input type="checkbox"/> NO CHANGE PROPOSED 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)	DATE RECEIVED		
ENGINEER: <input type="checkbox"/> Direct all correspondence to Engineer Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____	WATER USE INFORMATION (Check all that apply): <input type="checkbox"/> NO CHANGE PROPOSED 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 Any existing service branches to the property? <input type="checkbox"/> YES <input type="checkbox"/> NO How many? _____		FEE	
HOUSEHOLD SEWAGE TREATMENT SYSTEM DESIGNER/QUALIFIED SOILS VALUATOR: Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____	IMPERVIOUS SURFACE RATIO (For all non-single-family developments): Building Footprint: _____ Sq. Ft. The undersigned certifies that the adjacent calculations submitted for the Impervious Surface Ratio are accurate and complete. Parking & Drive Areas: _____ Sq. Ft. Access Easements: _____ Sq. Ft. Walkways: _____ Sq. Ft. Other: _____ Sq. Ft. Signature _____ TOTAL IMPERVIOUS SURFACES: _____ Sq. Ft. Lot Area: _____ Sq. Ft. Date _____ IMPERVIOUS SURFACE RATIO: _____ % (Total Impervious Surfaces/Lot area)	CK#		
STORM DRAINAGE SYSTEM (SDS) REVIEW AND/OR INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: <input type="checkbox"/> NO CHANGE <input type="checkbox"/> REVIEW FEES <input type="checkbox"/> INSPECTION FEES Signature: _____ Name: _____ Firm: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ FAX: _____	INDICATE EXISTING (☑E) and Proposed (☑P) TYPE OF LAND USE: <input type="checkbox"/> NO CHANGE <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 Landoniniums: # 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: _____	TOWNSHIP		
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. Max Slope of Work Area: Existing: _____ : Finished: _____ :	APPLICATION REQUIREMENTS CHECKLIST: <input type="checkbox"/> Five (5) copies of the proposed site plan and planting detail. (WHEN APPLICABLE). <input type="checkbox"/> A letter stating the facts of the specific situation/modification requested. <input type="checkbox"/> The specific <i>existing provision</i> for which an interpretation, adjustment, modification, credit or waiver is sought. <input type="checkbox"/> This COMPLETED application form and application fee <input type="checkbox"/> Precise interpretation, adjustment, modification / waiver requested in this application.	APPD#		
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">FOR OFFICE USE ONLY: Date Recvd: _____ Date Complete: _____ Date Fee Paid: _____ Action: _____ Initial/Date: _____</td><td style="width: 50%;">OFFICE SENT APPLICATION TO: <input type="checkbox"/> Administrative Official <input type="checkbox"/> Rural Zoning Commission <input type="checkbox"/> Regional Planning Commission <input type="checkbox"/> Board of Zoning Appeals <input type="checkbox"/> Board of County Commissioners</td></tr></table>	FOR OFFICE USE ONLY: Date Recvd: _____ Date Complete: _____ Date Fee Paid: _____ Action: _____ Initial/Date: _____	OFFICE SENT APPLICATION TO: <input type="checkbox"/> Administrative Official <input type="checkbox"/> Rural Zoning Commission <input type="checkbox"/> Regional Planning Commission <input type="checkbox"/> Board of Zoning Appeals <input type="checkbox"/> Board of County Commissioners	ZONE CASE NUMBER / SITE IDENTIFICATION / REQUEST: Zone Case Number: _____ Site Identification: _____ Specific Request: _____ _____	CASE NAME
FOR OFFICE USE ONLY: Date Recvd: _____ Date Complete: _____ Date Fee Paid: _____ Action: _____ Initial/Date: _____	OFFICE SENT APPLICATION TO: <input type="checkbox"/> Administrative Official <input type="checkbox"/> Rural Zoning Commission <input type="checkbox"/> Regional Planning Commission <input type="checkbox"/> Board of Zoning Appeals <input type="checkbox"/> Board of County Commissioners			