

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 _____

WATER AVAILABILITY APPLICATION (W.A.A.) FOR BUILDING PERMIT

**GREATER CINCINNATI WATER WORKS
ENGINEERING DIVISION
4747 SPRING GROVE AVE.
CINCINNATI, OH 45232-1986
(513) 591-7859
Fax (513) 591-7878**

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

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

APPLICATION NO. _____

BUILDING DEPARTMENT JURISDICTION

COMMUNITY _____

| 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 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

138 East Court Street, Room 801
Cincinnati, Ohio 45202
(513) 946-4756 / Fax (513) 946-4744

Application No. _____

1. APPLICANT - COMPLETE ALL APPLICABLE SPACES ON THIS FORM

DATE: _____

| NAME | STREET ADDRESS | CITY | STATE | ZIP | PHONE |
|-----------------|----------------|------|-------|-----|-------|
| Owner/Developer | | | | | |
| Applicant | | | | | |
| Contractor | | | | | |

2. PROJECT INFORMATION

Is Disturbed Area greater than 1-acre NO () YES () If yes, what is total acreage disturbed: _____

Project Title: _____ Address: _____ Township: _____

3. BUILDING EARTHWORK (Complete A & B)

A. EXCAVATION

- 1. Maximum depth of **excavation** _____ ft
- 2. Cubic yards of **excavation** _____ CY
- 3. Existing maximum slope of area to be excavated _____ H: _____ V
- 4. Finished maximum slope of excavated area _____ H: _____ V

B. FILL

- 1. Maximum depth of **fill** material _____ ft
- 2. Cubic yards of **fill** material _____ CY
- 3. Existing maximum slope of area to be filled _____ H: _____ V
- 4. Finished maximum slope of filled area _____ H: _____ V

4. NON-BUILDING EARTHWORK (ROADWAYS, SUBDIVISION, LANDFILLS, ETC.)

- 1. Maximum depth of **excavation/fill** _____ / _____ ft
- 2. Cubic yards of **excavation/fill** _____ / _____ CY
- 3. Existing maximum slope of work area _____ H: _____ V
- 4. Finished maximum slope of work area _____ H: _____ V

5. THE OWNER OF THE DEVELOPMENT AND/OR 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 EARTHWORK (INCLUDING EROSION/SEDIMENT CONTROLS), AND THAT THE 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.

APPLICATION BY: _____ ADDRESS: _____
(PRINT) (NO., STREET & ZIP CODE)

SIGNATURE: _____ TELEPHONE NO: _____

=====DO NOT WRITE BELOW THIS LINE===== r 11/09=====

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

DEPARTMENT OF PLANNING AND DEVELOPMENT
138 EAST COURT STREET, ROOM 801
CINCINNATI, OH 45202
PHONE (513) 946-4550
FAX (513) 946-4744

STORM WATER REVIEW & INSPECTION FEE TABULATION SHEET

Project Name _____ Project Address _____

Storm Sewer Information Tabulated by _____ Date _____

1. Total Number of Structures _____ X \$100.00 Per structure = _____
2. Total Length Storm Sewer Pipe (12 inch or Greater) _____ X \$1.75 Per LF = _____
3. Total number of Detention/Retention Basin _____ X \$500 Per Basin= _____
4. Total Inspection Fee (minimum \$500) add item 1+2+3 = _____
5. Total Review Fee 20% (minimum \$500) of Inspection Fee (Item4 x0.20)= _____
6. Total Review + Inspection (Minimum \$1000) (Item4+Item5)= _____

THE MINIMUM REVIEW & INSPECTION FEE FOR THE PROJECT WILL BE \$ 1000.00

The above fees are based on \$55.00/hr for review and \$50.00/hr for inspection. If additional inspection is necessary, appropriate fees will be billed.

PAYMENT INFORMATION

(Separate Payment Required For Storm Water Fee)

Payer _____ Company _____

Address _____ Telephone Number _____

1. Total Amount (Review + Inspection) Paid = _____
2. Improvement Plan Review Fee Paid = _____
3. Inspection Fee Paid = _____ For Phase _____

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 Punchlist Items. |
| 2. Improvement Plan Review. | 10. Inquiry from neighboring property owners and Township Officials. |
| 3. Flood Study Information. | 11. All inspection 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 Inspection of Storm Drainage System (Public & Private). | |
| 8. Establishing Bond Amount through Punchlist. | |

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 required after one year following the recording of the Subdivision Record Plat, as described above .



Hamilton County

DEPARTMENT OF PLANNING AND DEVELOPMENT
138 EAST COURT STREET, ROOM 801
CINCINNATI, OH 45202
PHONE (513) 946-4550
FAX (513) 946-4744

STORM DRAINAGE SYSTEM DEVELOPMENT PLAN REVIEW AND CONSTRUCTION INSPECTION

FEE SCHEDULE

The fee for development plan review and construction inspection of all storm drainage systems, for compliance with “Governing the Construction, Operation & Maintenance of the Hamilton County Storm Drainage System” shall be at a rate established and published from time to time by the Board of County Commissioners. The fee for review and construction inspection of all storm drainage system shall be as follows:

1. Inspection of storm sewer pipe 12 inch or greater excluding tap, lead pipe etc., shall be \$1.75/ foot.
2. Inspection of storm sewer structures (manholes, catch basins, headwalls, etc.) shall be \$100/structure.
3. Inspection of detention/retention facility shall be \$500 /each facility.
4. Minimum Inspection Fee shall be \$500.
5. Improvement Plan Review Fee shall be 20 percent of the Inspection Fee, which should be added to the Inspection Fee to get the Total Fee. Minimum Plan Review Fee shall be \$500.

Payment Information

Payment shall be made using one of the following methods:

1. Pay the Total Fee with the SDS application; or
2. Pay only the Improvement Plan Review Fee with the SDS application and pay the Inspection Fee before storm sewer installation. If the development is subdivided into phases, pay the Review Fee for all phases with the SDS application, and pay the Inspection Fee before storm sewer installation of each individual phase.

The applicant responsible for the construction of the Storm Drainage System must deposit a check made payable to the “Treasurer of Hamilton County “ with the SDS (Storm Drainage System) Application, Review & Inspection Fee Tabulation Sheet and one set of improvement plans to Planning and Development, Storm Water & Infrastructure, 138 East Court St, RM 801, Cincinnati, OH 45202.

How to Calculate Review and Inspection Fee

Example 1:

Project AAA have 1000 linear feet of storm sewer pipe, 35 structures and one earthen detention basin.

1. Length of Storm Sewer Pipe (12 inch or Greater) $1000 \times \$1.75 = \1750
 2. Number of Structures $35 \times \$100 = \3500
 3. Number of Detention Basin $1 \times \$500 = \500
-
- Inspection Fee = \$5750
4. Plan Review Fee 20 percent of Inspection Fee = $\$5750 \times 0.20 = \$1150 > \$500$ (minimum)
 5. Total Fee Review + Inspection = $\$1150 + \$5750 = \$6900$

Example 2:

Project AAA have 100 linear feet of storm sewer pipe, 3 structures and one detention basin.

1. Length of Storm Sewer Pipe (12 inch or Greater) $100 \times \$1.75 = \175
 2. Number of Structures $3 \times \$100 = \300
 3. Number of Detention Basin $1 \times \$500 = \500
-
- Inspection Fee = \$975
4. Plan Review Fee 20 percent of Inspection Fee = $\$975 \times 0.20 = \$195 < \$500$ (minimum)
 5. Total Fee Review + Inspection = $\$500 + \$975 = \$1475$

Example 3:

Project AAA have 100 linear feet of storm sewer pipe, 3 structures and no detention basin.

1. Length of Storm Sewer Pipe (12 inch or greater) $100 \times \$1.75 = \175
 2. Number of Structures $3 \times \$100 = \300
 3. Number of Detention Basin $0 \times \$500 = 0$
-
- Inspection Fee = \$475 < \$500 (minimum)
4. Plan Review Fee 20 percent of Inspection Fee = $\$475 \times 0.20 = \$95 < \$500$ (minimum)
 5. Total Fee Review + Inspection = $\$300 + \$95 = \$395$