



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

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

Hamilton County Planning and Zoning Department  
Hamilton County Department of Public Works  
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 Zoning Department (application coordinating agency) simultaneously to the agencies listed above.

All applications for maps, 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 Zoning 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](mailto: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., 2<sup>nd</sup> Floor  
Cincinnati, OH 45219  
(513) 946-7871 Phone  
[greg.cassiere@hamilton-co.org](mailto:greg.cassiere@hamilton-co.org)

Mr. John W. Beck, Subdivision/Hydraulics  
Technician  
**Office of Hamilton County Engineer**  
223 W. Galbraith Rd  
Cincinnati, OH 45215  
PH: 513-946-8425 FAX: 513-946-8424  
[John.beck@hamilton-co.org](mailto:John.beck@hamilton-co.org)

Mr. Mohammad M Islam, PE Civil Project  
Engineer  
**Hamilton County Public Works**  
Storm Water Drainage System Division  
138 E Court Street – Room 800  
Cincinnati, Ohio 45202  
513-946-4757  
[Mohammad.islam@hamilton-co.org](mailto:Mohammad.islam@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@geww.cincinnati-oh.gov](mailto:bill.morris@geww.cincinnati-oh.gov)

Mr. Ed Weber, Project Technician  
**Hamilton County Public Works**  
Storm Water Drainage System Division  
138 E Court Street – Room 800  
Cincinnati, Ohio 45202  
513-946-4753  
[ed.weber@hamilton-co.org](mailto:ed.weber@hamilton-co.org)

Mr. Greg Smorey, CFM  
**Hamilton County Public Works**  
Special Flood Hazard Area Division  
138 E Court Street – Room 800  
Cincinnati, Ohio 45202  
513-946-4760  
[greg.smorey@hamilton-co.org](mailto: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](mailto:bryan.snyder@hamilton-co.org)

Mr. Peter Caldwell, P. E.  
Principal Engineer  
**Metropolitan Sewer District of Greater Cincinnati**  
1600 Gest Street  
Cincinnati, OH 45204  
513-557-7108  
[Peter.caldwell@cincinnati-oh.gov](mailto:Peter.caldwell@cincinnati-oh.gov)

Mr. Robert Sheets PE, Geotechnical Engineer  
**Hamilton County Soil and Water Conservation  
District**  
Hamilton County Earthwork Program  
138 E Court Street – Room 800  
Cincinnati, OH 45202  
(513) 946-4757  
[Robert.sheets@hamilton-co.org](mailto:Robert.sheets@hamilton-co.org)

Ms. Ileana Abot, Waterline Design Technician  
**Hamilton County Public Works**  
Water Supply Division  
138 E Court Street – Room 800  
Cincinnati, Ohio 45202  
513-946-4756  
[Ileana.abot@hamilton-co.org](mailto:Ileana.abot@hamilton-co.org)



<p><b>APPLICANT:</b> <input type="checkbox"/> Direct all correspondence to Applicant</p> <p>Name: _____  Firm: _____  Address: _____  City: _____ State: _____ ZIP: _____  Phone: _____ FAX: _____</p>	<p><b>SUBDIVISION DATA:</b></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><b>DEVELOPER/SUBDIVIDER:</b> <input type="checkbox"/> Direct all correspondence to Developer/Subdivider</p> <p>Name: _____  Firm: _____  Address: _____  City: _____ State: _____ ZIP: _____  Phone: _____ FAX: _____</p>	<p><b>PROPOSED UTILITIES: (Check all that apply)</b></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><b>ENGINEER:</b> <input type="checkbox"/> Direct all correspondence to Engineer</p> <p>Name: _____  Firm: _____  Address: _____  City: _____ State: _____ ZIP: _____  Phone: _____ FAX: _____</p>	<p><b>WATER USE INFORMATION (Check all that apply)</b></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><b>SURVEYOR:</b> <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><b>LOCATION, AREA AND ZONING:</b></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 Districts(s): _____  Zoning Required Min Lot Area: _____</p>	TYPE
<p><b>HOUSEHOLD SEWAGE TREATMENT SYSTEM DESIGNER / QUALIFIED SOILS EVALUATOR:</b></p> <p>Name: _____  Firm: _____  Address: _____  City: _____ State: _____ ZIP: _____  Phone: _____ FAX: _____</p>	<p><b>INDICATE EXISTING (<input checked="" type="checkbox"/>E) and Proposed (<input checked="" type="checkbox"/>P) TYPE OF LAND USE</b></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</p>	TOWNSHIP
<p><b>PERSON TO BE BILLED FOR STORM DRAINAGE SYSTEM (SDS) REVIEW FEES:</b></p> <p>Signature: _____  Name: _____  Firm: _____  Address: _____  City: _____ State: _____ ZIP: _____  Phone: _____ FAX: _____</p>	<p><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 &amp; 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>	APD#
<p><b>PERSON TO BE BILLED FOR STORM DRAINAGE SYSTEM (SDS) INSPECTION FEES:</b></p> <p>Signature: _____  Name: _____  Firm: _____  Address: _____  City: _____ State: _____ ZIP: _____  Phone: _____ FAX: _____</p>	<p><b>NON-BUILDING EARTHMOVEMENT DATA</b></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>	SUBDIVISION NAME

