Print Form

# Storm Water Drainage Review & Inspection Application

138 East Court Street - Cincinnati, Ohio 45202
Phone 513-946-4750
Fax 513-946-4744

Date: _____

**1.** Applicant to complete ALL applicable spaces on this form.

| Identification | Name | Street Address | City | State | Zip | Phone |
|---|---|---|---|---|---|---|
| Owner or Developer: | | | | | | |
| Contractor: | | | | | | |
| Plans By: | | | | | | |
| **Person Billed for Review Fees:** | | | | | | |
| **Person Billed for Inspection Fees:** | | | | | | |

**2.** Project Information:

Project Title: _____ Application/Case No. _____ Present Zoning: _____
A unique name to identify your project

Project Address: _____ Township: _____ Proposed Zoning: _____

**3.** Check Applicable Box:

| Type of Project | Concept Review | Improvement Plan* Review | Concurrent Concept & Improvement Plan* Review |
|---|---|---|---|
| Subdivision: | ☐ | ☐ | ☐ |
| Frontage Subdivision: | ☐ | ☐ | ☐ |
| Commercial/Industrial: | ☐ | ☐ | ☐ |
| Building Permit: | ☐ | ☐ | ☐ |
| Other: | ☐ | ☐ | ☐ |
| | | | |

* Improvement plans are detailed construction drawings conforming to the Rules & Regulations Governing The Design, Construction, Operation, Maintenance, And Use In The County Of Hamilton Storm Drainage System.

**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.

**5. Person Billed for Review Fees:** _____ _____
Same as Above — Print Your Name & Company name — Signature

**6. Person Billed for Inspection Fees:** _____ _____
Same as Above — Print Your Name & Company name — Signature