



HAMILTON COUNTY CONSOLIDATED APPLICATION FOR:  
**ZONING COMPLIANCE PLAN**

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, AICP, Zoning Administrator**  
**138 E Court Street, Room 801**  
**Cincinnati, OH 45202-6202**  
**(513)946-4464**  
**[bryan.snyder@hamilton-co.org](mailto:bryan.snyder@hamilton-co.org)**

**CONTACTS FOR THE ZONING COMPLIANCE PLAN REVIEW AND APPROVAL PROCESS**

Mr. John Huth, Senior Planner  
**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](mailto: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  
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Mr. Greg Cassiere, RS  
**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. 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](mailto:richard.roell@gcww.cincinnati-oh.gov)

Mr. Tom Crawford, P.E.  
Principal Engineer Wastewater Engineering Division  
**Metropolitan Sewer District of Greater Cincinnati**  
1600 Gest Street  
Cincinnati, OH 45204  
513-557-7147  
[thomas.crawford@cincinnati-oh.gov](mailto:thomas.crawford@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](mailto:Jeff.newby@hamilton-co.org)

Mr. Greg Smorey, CFM  
**Hamilton County Planning + Development**  
Special Flood Hazard Area Division  
138 E Court Street – Room 801  
Cincinnati, Ohio 45202  
513-946-4760  
[greg.smorey@hamilton-co.org](mailto:greg.smorey@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](mailto:marcelo.alberto@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](mailto:Mohammad.islam@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](mailto:wesley.bowles@hamilton-co.org)

**ZONING COMPLIANCE PLAN**

<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 _____ 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? _____</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><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  <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: _____ P: _____                  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>	TOWNSHIP
<p><b>STORM DRAINAGE SYSTEM (SDS) REVIEW &amp; INSPECTION FEES (person responsible):</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>	APD#
<p><b>STORM DRAINAGE SYSTEM (SDS) INSPECTION FEES (person responsible):</b>                  (NOT REQUIRED FOR PRELIMINARY SUBDIVISION PLANS)</p> <p>Signature: _____                  Name: _____                  Firm: _____                  Address: _____                  City: _____ State: _____ ZIP: _____                  Phone: _____ FAX: _____</p>	<p><b>CASE NAME</b></p>	CASE NAME

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## ZONING COMPLIANCE PLAN APPLICATION CHECKLIST

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After the Preliminary Development Plan is approved and the zoning amendment is adopted by the Board of County Commissioners, a Zoning Compliance Plan (as described below) must be reviewed and approved by the Rural Zoning Commission. Following approval of the "Zoning Compliance Plan" by the Rural Zoning Commission, the applicant must submit five (5) signed copies of the "Z.C.P." to the Zoning Administrator. This step must be completed prior to issuance of any zoning certificate or building permits.

This checklist (completed and signed) must be submitted with the Zoning Compliance Plan (ZCP). Please read all instructions.

- 1. **SUBMISSION DEADLINE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (for RZC agenda in month of \_\_\_\_). Earlier submission is recommended to assure adequate time for revisions and corrections prior to the submission deadline. Plans that are not complete at the time of the submittal deadline will not be accepted for processing by staff nor placed on the agenda for Zoning Commission review.
- 2. **REQUIRED DOCUMENTS:**
  - a. Submit FIVE (5) COPIES of the Zoning Compliance Plan including all information listed in Section 3.
  - b. Submit FIVE (5) COPIES of each separate sheet as listed in items 3c, 3d, 3e and 3f.
  - c. Submit this completed form ("Checklist of Requirements") with signature and date of submission.
  - d. Submit a letter of request for placement on agenda of next Rural Zoning Commission meeting.
  - e. Submit FIVE (5) COPIES of the Zoning Compliance Plan reduced to 8 1/2 x 11 inches.
- 3. **CONTENTS OF ZONING COMPLIANCE PLAN:**

All of the items in this section are an integral part of the Zoning Compliance Plan; incomplete applications will not be accepted for processing by staff nor placed on the agenda for Zoning Commission review. The Zoning Compliance Plan must include each of the following items.

  - a. **Identification**
    - 1. Each sheet must be titled "Zoning Compliance Plan" with the name of the project and subtitle of the particular drawing.
    - 2. Each sheet is an integral part of the Zoning Compliance Plan and must contain a sheet number and the total number of sheets being submitted.
    - 3. The subject property and all easements must be identified by metes and bounds and dimensions.
  - b. **Conformance to Preliminary Development Plan**

Include all items required on the Preliminary Development Plan (conforming to established limits, conditions and required revisions) complete with all necessary details, dimensions and specifications to enable final review and enforcement.
  - c. **Grading Plan** (must be a separate sheet)

Indicate proposed contours in solid lines at five (5) foot intervals or less; and existing contours in dashed lines. Use two (2) foot intervals where necessary to adequately indicate storm drainage.
  - d. **Landscape Plan** (must be a separate sheet)

A landscape plan for perimeter buffers and other required areas shall be prepared by a registered landscape architect, complete with all necessary details and specifications (i.e. type, size & quantity) for new landscaping features, a depiction of existing landscaping and tree masses that are to remain, and specifications for soil erosion and sedimentation control.
  - e. **Lighting & Sign Plan** (must be a separate sheet)

Specify the location, dimensions, details, and specifications for all signs and exterior lights, including height, type of standards, radius of lights, and intensity in foot candles.
  - f. **Floor Plans and Elevations** (must be a separate sheet)

Submit typical floor plans and elevations if requested for final review.
  - g. **Revisions and Conditions**

The Zoning Compliance Plan shall be in conformance with all revisions and conditions regarding:

    - 1. Sanitary sewerage as recommended by the Metropolitan Sewer District and the Ohio Environmental Protection Agency;
    - 2. Surface drainage as recommended by the Department of Public Works;
    - 3. Right-of-way, access, circulation, and other improvements as recommended by the County Engineer and the Ohio Department of Transportation;
    - 4. Water supply, water pressure, access for emergency vehicles, and other fire prevention measures as recommended by the township Fire Prevention Officer;
    - 5. Erosion and sedimentation control as recommended by the Soil Conservation Service;
    - 6. Restrictive covenants contained in the Resolution adopted by the Board of County Commissioners; and
    - 7. Other conditions and/or restrictive covenants applicable to the property.

- h. Restrictive Covenants  
All Restrictive Covenants itemized in the Resolution of Approval by the Board of County Commissioners must be printed on the Zoning Compliance Plan.
- i. Methodology and Criteria for Enforcement (if requested)  
Specify methodology and criteria for effectuating and evaluating compliance with performance related covenants and conditions required by the Resolution of Approval (this element will be forwarded to the Department of Building Commissioner for review and approval).
- j. Professional Identification  
Each sheet must contain the stamp, seal or other professional identification and the signature of the architect, landscape architect, surveyor, or civil engineer who prepared each respective element of the Zoning Compliance Plan.
- k. Deed of Acceptance
  - 1. The Deed of Acceptance, signed by owner(s) must be on each sheet of the Zoning Compliance Plan;
  - 2. The Declaration of Condominium must be printed on the Plan (for condominium development only);
- l. The Processing Fee for 2021  
A check in the amount of one thousand one hundred twenty-six dollars and zero cents (\$1,126.00) made payable to the "Hamilton County Treasurer" must accompany this checklist. A 5% technology fee will be added to all fees effective 1/17/17.
- m. Plan-Color/Presentation Copy  
The applicant is required to submit a colored or shaded Zoning Compliance Plan one week prior to the Rural Zoning Commission meeting. The colored Z.C.P. Plan shall not be mounted and cannot be smaller than 24"x36". This Plan will be kept as part of the official file.

**CERTIFICATION**

NOTE: Information submitted shall be assumed to be correct; applicant and/or agent shall assume responsibility for any errors and/or inaccuracies resulting in an improper application

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Date

NOTE: As stipulated in item 3(k) above, the following text must be included in the ZCP submittal, if applicable.  
For your convenience, digital versions of these documents are available at [www.hamiltoncountyohio.gov/hcrpc/zoning.asp](http://www.hamiltoncountyohio.gov/hcrpc/zoning.asp)

**DEED OF ACCEPTANCE**

The owner of the premises shown hereon does hereby make the following declarations which shall be deemed as covenants and nor as conditions and shall run with the land and shall be binding upon the owner, heirs, executors, administrators, and assigns, and are imposed upon the within described tract of land as an obligation or charge against the same, as a general plan for the benefit of the said tract of land.

The tract of land shown hereon is being developed under a plan as specified in the Hamilton County Zoning Resolution, adopted August 10, 1949 and as amended through December 26, 2001.

Said entire tract of land and all improvements thereon shall remain in a single ownership and no part thereof shall be sold or divided into individual lots or tracts until such time as the owner of said entire tract shall conform in all respects to the then existing rules and regulations as have been adopted by the Hamilton County Regional Planning Commission, governing plats and subdivisions of lands, and the Hamilton County Rural Zoning Commission rules and regulations as provided in the Zoning Resolution.

We, the undersigned do hereby adopt and confirm the plan of development as shown hereon for the purpose indicated and agree to comply with all the terms, restrictive covenants and conditions included as a part thereof.

Signed	Witness

State of Ohio  
County of Hamilton

Before me, a notary public in and for said county, personally appeared \_\_\_\_\_ of the \_\_\_\_\_, who represent that they are duly authorized in the premises and who acknowledge that they did sign the foregoing instrument and that the same is their voluntary act and deed in testimony whereof, I have hereunto set my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_.

**DECLARATION OF CONDOMINIUM**

The subject tract is to be developed under the Condominium Property Law, as set forth in Chapter 5311 of the Ohio Revised Code. The rights, privileges and procedures relative to Condominium Property shall control exclusively the rights of the parties as to the particular parcel or parcels of property which may be the subject of Condominium.

We, the undersigned, do hereby adopted and confirm the development plan as shown hereon for the purposes indicated and agree to comply with all the agreed upon features of development, restrictive covenants and conditions included as a part thereof.

WITNESS

By: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

State of Ohio  
County of Hamilton SS

Before me, a notary public in and for said county, personally appeared \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_, who represent that they are duly authorized in the premises and who acknowledge that they did sign the foregoing instrument, and that the same is their voluntary act and deed. In testimony whereof I have hereunto set my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.