

Note: SDS Application must be fully completed before accepted and reviewed !!



Storm Drainage System Application

SDS Review / Inspection

Hamilton County Department of Public Works

138 East Court Street, Room 800

Cincinnati, Ohio 45202

Phone 513-946-4750 Fax 513-946-4744

Application No.

DO NOT WRITE IN SPACE

Date: _____

1. Applicant-Complete all applicable spaces on this form.

Identification	Name	Address	City/State	Zip	Phone
A. Owner/Developer					
B. Contractor					
C. Plans By					
D. Person to be billed for review fees					
E. Person to be billed for inspection fees					

2. Project Information:

Project Title: _____ Application No./Case No. _____ Present Zoning _____

Job Address: _____ Township _____ Proposed Zoning _____

3. Check Applicable Box:

Type of Project	Concept review	Improvement Plan*Review(II)	Concurrent concept & improvement plan*Review (I&II)
Subdivision			
Frontage Subdivision			
Commercial/Industrial			
Building Permit			
Other (Describe)			

*Improvement plans are detailed construction drawings conforming to rules & regulations of Public Works, Metropolitan Sewer District, and County Engineers.

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 EARTH MOVEMENT, 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. Review Application By: _____

SIGNATURE: _____

(Must be the same as 1-D) (PRINT COMPANY NAME & YOUR NAME)

6. Inspection Application By: _____

SIGNATURE: _____

(Must be the same as 1-E) (PRINT COMPANY NAME & YOUR NAME)