

CITY OF CINCINNATI - HAMILTON COUNTY

Preliminary Application (PA)

NO. _____

For Public Water Main Work

=====

APPLICANT:

Developer _____ Engineer _____
Address _____ Address _____
Phone _____ Phone _____
Contact Name _____ Contact Name _____

LOCATION:

Township, Section, and Range Number _____
Auditor's Book(s) _____ Page(s) _____ Parcel(s) _____
Location (from existing streets) _____
Subdivision Name (if known) _____
Subdivision approved by _____

PRIMARY TYPE OF WORK:

- _____ Abandonment of EXISTING public water main and/or appurtenances.
_____ Installation of new public water main and/or appurtenances.
_____ Proposed water main to be installed in public rights-of-way?
_____ Proposed water main to be installed in an easement?
(Select category below.)

NOTE: In accordance with Section 401-19 of the *Greater Cincinnati Water Works Laws, Ordinances, Rules and Regulations* public water mains may only be installed in easements under one or more of the categories listed below.

- _____ Garden Apartments _____ Planned Unit Development (PUD)
_____ Condominiums _____ Shopping Center
_____ Panhandle/Flag Lots (Minimum of 5 lots, see GCWW Standard Drawing No. 105-7)

TYPE OF DEVELOPMENT:

- _____ Single Family _____ Shopping Center _____ Light Industrial
_____ Apartments _____ Office/Warehouse _____ Industrial
_____ Condominiums _____ General Business _____ Manufacturing
_____ P. U. D. _____ Medical _____ Government
_____ Other/Mixed (Describe) _____

WATER REQUIREMENTS:

Estimated additional number of new water services/taps: _____
Corresponding Size: _____

Anticipated Water Main SIZE: _____
Corresponding LENGTH: _____

(For all developments EXCEPT single family residential.)

Needed Fire Flows at street*: _____ (G.P.M.) at 20 (P.S.I.)

Daily Peak Domestic Water Needs: _____ (G.P.M.) at _____ (P.S.I.)

_____ Lawn irrigation/sprinkling systems planned to be installed?

*As recommended by local fire authority (Written documentation required)

Special Conditions/Remarks: _____

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(over)

Hamilton County Planning & Development

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Conditions: _____

____ APPROVED ____ DENIED _____ Date

 Hamilton County Planning & Development

Greater Cincinnati Water Works

=====

Conditions: _____

____ APPROVED ____ DENIED _____ Date

 GCWW Chief Engineer

____ APPROVED ____ DENIED _____ Date

 GCWW Director

=====

Upon approval of this application, the developer's engineer must obtain GCWW approval for **final** construction plans within THREE (3) years from the date of approval by the GCWW Director or this application may be considered VOID. Final construction plans must conform to current engineering practices, policies, ordinances, rules, regulations and specifications of the GCWW at the time the proposed work is to begin.

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(over)

Hamilton County Planning & Development

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Conditions: _____

____ APPROVED ____ DENIED _____ Date

 Hamilton County Planning & Development

Greater Cincinnati Water Works

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Conditions: _____

____ APPROVED ____ DENIED _____ Date

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____ APPROVED ____ DENIED _____ Date

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GREATER CINCINNATI WATER WORKS/CITY OF MASON
Preliminary Application (PA)
NO. _____
For Public Water Main Work

APPLICANT:

Developer _____ Engineer _____
Address _____ Address _____
Phone _____ Phone _____
Contact Name _____ Contact Name _____

LOCATION:

Township, Section, and Range Number _____
Auditor's Book(s) _____ Page(s) _____ Parcel(s) _____
Location (from existing streets) _____
Subdivision Name (if known) _____
Subdivision approved by _____

PRIMARY TYPE OF WORK:

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☐ Condominiums ☐ Shopping Center
☐ Panhandle/Flag Lots (Minimum of 5 lots, see GCWW Standard Drawing No. 105-7)

TYPE OF DEVELOPMENT:

- | | | |
|---|---|---|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Shopping Center | <input type="checkbox"/> Light Industrial |
| <input type="checkbox"/> Apartments | <input type="checkbox"/> Office/Warehouse | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Condominiums | <input type="checkbox"/> General Business | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> P. U. D. | <input type="checkbox"/> Medical | <input type="checkbox"/> Government |
| <input type="checkbox"/> Other/Mixed (Describe) _____ | | |

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(over)

City of Mason

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Conditions: _____

____ APPROVED ____ DENIED _____ Date

 City of Mason
 Public Utilities Superintendent

Greater Cincinnati Water Works

=====

Conditions: _____

____ APPROVED ____ DENIED _____ Date

 GCWW Chief Engineer

____ APPROVED ____ DENIED _____ Date

 GCWW Director

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