

☐ PRELIMINARY SUBDIVISION PLAN	V
☐ SUBDIVISION IMPROVEMENT PLA	1
■ SUBDIVISION RECORD PLAT	

APPLICANT:   □ Direct all correspondence to Applicant	SUBDIVISION DATA:	
Name: Joe Farrugia	Subdivision Name: REPLAT LOTS 1,2,3,4,5,6,7 AND WATERFRONT WAY	DATE
Firm: Coldstream Estates Development, LLC.	Total Acres: 35.8731 Acres in RW: 0.0000	R
Address: 7861 E. Kemper Rd.	Number of lots: 8 Any panhandle Lots? □YES ☒NO	RECEIVED
City: Cincinnati State: OH ZIP: 45249	Max Lot Area: Sq. Ft. Min Lot Area: 43,560 Sq. Ft	E Q
Phone: 513-759-3500 FAX: 513-247-3512	Sidewalks: ☐ None	1
DEVELOPER/SUBDIVIDER: ☐ Direct all correspondence to Developer/Subdivider	PROPOSED UTILITIES: (Check all that apply)	1
Name: Joe Farrugia	Sewer: ☑ Public ☐ Private	짂
Firm: Coldstream Estates Development, LLC.	Water: ☑ Public with water main extension in ☐ R/W ☐ Easement ☐ ☐	RPC FEE
Address: 7861 E. Kemper Rd.	Indicate: size: Ft and Length: Ft 🕇 🕏	
City: Cincinnati State: OH ZIP: 45249	Indicate: size: Ft and Length: Ft	U
Phone: 513-759-3500 FAX: 513-247-3512	Water: ☐ Private water service branch How many?	
ENGINEER:   Direct all correspondence to Engineer	Water: ☐ Private water system (wells, cisterns)	発
Name: Richard Arnold	WATER USE INFORMATION (Check all that apply)	CASH
Firm: McGill Smith Punshon, Inc.	Daily Peak Domestic Water Needs: gpm at psi	일
Address: 3700 Park 42 Drive Suite 190B	Needed Fire Flows at Street: gpm at 20 psi per local fire authority	7
city: Cincinnati State: OH ZIP: 45241	Any sprinkling systems (including LAS or 13R) to be installed? □YES □NO	TYPE
Phone: 513-759-3247 FAX: 513-563-7099	Are any lawn or irrigation systems to be installed?	PE
SURVEYOR:   □ Direct all correspondence to Surveyor	Any existing service branches to the property?   No How many?	
Name: Louis J. Hanser, P.S.	LOCATION, AREA AND ZONING:	1
	On North South East West side of: Ayers Road	Q R
Firm: McGill Smith Punshon, Inc. Address: 3700 Park 42 Drive Suite 190B	Approx 325 Ft North South East West of: Coldstream Club Dr.	FOWNSHIP
	Zoning Jurisdiction(s): Anderson Township	ISHIP D
	Zoning Districts(s): A-A Residence District	Ž
	Zoning Districts(s).  Zoning Required Min Lot Area: One (1) Acre	H-
HOUSEHOLD SEWAGE TREATMENT SYSTEM DESIGNER / QUALIFIED SOILS EVALUATOR:		#DAV
Name:	INDICATE EXISTING (☑E) and Proposed (☑P) TYPE OF LAND USE	P
Firm:	□ E □ P Vacant □ □ Circle Family and department of the Circle Family units 5	S
Address:	□ □ □ P. Single Family residences: # of Single Family units: E: P: □ □ Condominiums: □ □ □ □ Landominiums: # of units: E: P: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	APD#
City: State: ZIP:		#0
Phone: FAX:	□ E □ P Apartments: # of 1-Bedroom units: E: P:	1
PERSON TO BE BILLED FOR STORM DRAINAGE SYSTEM (SDS) REVIEW / INSPECTION FEES:	□ □ □ P Apartments: # of 2-Bedroom units: E: P:	
Signature:	□ E □ P Apartments: # of units 3-Bedrooms or larger: E: P:	H
Name:	□ □ □ Light Business/Commercial □ □ □ Storage	8
Firm:	□ E □ P Heavy Business/Commercial □ E □ P Light Industrial	1
Address:	□E □P Educational □E □P Factory/Industrial	K
City: State: ZIP:	□E □P Institutional/Medical □E □P High Hazard	T
Phone: FAX:	□E □P Assembly □E □P Government	2
PERSON TO BE BILLED FOR SOIL AND WATER REVIEW / INSPECTION FEES:	□ □ □ Shopping Center:	19
Signature:	□ □ □ Retail other than restaurant: Sq ft: E: P:	SUE
Name:	Describe Activities: E:	NIG V
Firm:	Describe Activities; P:	/ISION N.
Address:	□ E □ P Restaurant & Food service # of restaurant seats: E: P:	SUBDIVISION NAME
City: State: ZIP:	□ □ □ Elementary School □ □ □ □ Middle School □ □ □ □ High School or above	ME
Phone: FAX:	# of Students: E: P: # of staff: E: P:	6
NON-BUILDING EARTHMOVEMENT DATA	□ □ P Medical Building:	0
Max Depth of Excavation: FT. Max depth of fill: FT.	# of Doctors: E: P: Patients/Day: E: P:	57
Cubic Yards of Excavation: C.Y. Cubic Yards of Fill: C.Y.	□ □ □ Other (Describe):	8
Existing Max Slope of Work Area:	□ □ □ Other (Describe):	9
Finished Max Slope of Work Area:	Total # of Employees to be working at this Location:	OST REAM
I Illionou Max Olope of Mon Alea.	Total II of Employous to be froming at time Education.	

				BOOK-PAGE-PARCEL NUMBER FOR EACH PARC		_	Т
Parcel Address	Book	Page	Parcel	Parcel Address	Book	Page	Parcel
Vaterfront Way	500	183	022				
190 Waterfront Way	500	183	015				
80 Waterfront Way	500	183	016				
70 Waterfront Way	500	183	017				
60 Waterfront Way	500	183	018				
50 Waterfront Way	500	183	019				
40 Waterfront Way	500	183	020				
130 Waterfront Way	500	183	021				
					40		
4	15						
						1	

COMMENTS			

## CERTIFICATION

THE UNDERSIGNED OWNER OF THE SUBJECT PROPERTY (OR AGENT OF THE OWNER) HEREBY CERTIFIES THAT THE INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION, DRAWINGS, SPECIFICATIONS AND OTHER ATTACHMENTS ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE BASED UPON THE APPLICATION COMPLETENESS CHECKLIST.

THE UNDERSIGNED ALSO ACKNOWLEDGES THAT ACTION TAKEN ON THIS APPLICATION DOES NOT CONSTITUTE APPROVAL FOR THE SIZING, METERING AND/OR CROSS CONNECTION CONTROL OR FOR OTHER REQUIREMENTS OF THE GCWW RULES AND REGULATIONS.

NOTE: OWNER IS REMINDED TO MAKE APPLICATION FOR WATER SERVICE OR WATER MAIN EXTENSION AT THE GCWW ENGINEERING FRONT COUNTER AT THE GCWW ADDRESS LISTED HEREIN. GCWW CURRENT STANDARDS AND REGULATIONS WILL APPLY.

Jeffb.	Applicant	MSP Design Inc	11/25/24	
Signature of Applicant	Title	Company name	Date	