



APPLICANT: Direct all correspondence to Applicant
 Name: Joe Farrugia
 Firm: Coldstream Estates Development, LLC.
 Address: 7861 E. Kemper Rd.
 City: Cincinnati State: OH ZIP: 45249
 Phone: 513-759-3500 FAX: 513-247-3512

SUBDIVISION DATA:
 Subdivision Name: REPLAT LOTS 1,2,3,4,5,6,7 AND WATERFRONT WAY
 Total Acres: 35.8731 Acres in R/W: 0.0000
 Number of lots: 8 Any panhandle Lots? YES NO
 Max Lot Area: _____ Sq. Ft. Min Lot Area: 43,560 Sq. Ft.
 Sidewalks: None One Side of streets Both sides of streets

DATE RECEIVED
 12/19/24

DEVELOPER/SUBDIVIDER: Direct all correspondence to Developer/Subdivider
 Name: Joe Farrugia
 Firm: Coldstream Estates Development, LLC.
 Address: 7861 E. Kemper Rd.
 City: Cincinnati State: OH ZIP: 45249
 Phone: 513-759-3500 FAX: 513-247-3512

PROPOSED UTILITIES: (Check all that apply)
 Sewer: Public Private
 Water: Public with water main extension in RW Easement
 Indicate: size: _____ Ft and Length: _____ Ft
 Indicate: size: _____ Ft and Length: _____ Ft
 Water: Private water service branch How many? _____
 Water: Private water system (wells, cisterns)

RPC FEE
 60.15
 CK# / CASH
 038831

ENGINEER: Direct all correspondence to Engineer
 Name: Richard Arnold
 Firm: McGill Smith Punshon, Inc.
 Address: 3700 Park 42 Drive Suite 190B
 City: Cincinnati State: OH ZIP: 45241
 Phone: 513-759-3247 FAX: 513-563-7099

WATER USE INFORMATION (Check all that apply)
 Daily Peak Domestic Water Needs: _____ 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? YES NO
 Are any lawn or irrigation systems to be installed? YES NO
 Any existing service branches to the property? YES NO How many? _____

TYPE
 PERM

SURVEYOR: Direct all correspondence to Surveyor
 Name: Louis J. Hanser, P.S.
 Firm: McGill Smith Punshon, Inc.
 Address: 3700 Park 42 Drive Suite 190B
 City: Cincinnati State: OH ZIP: 45241
 Phone: 513-759-3200 FAX: 513-563-7099

LOCATION, AREA AND ZONING:
 On North South East West side of: Ayers Road
 Approx 325 Ft North South East West of: Coldstream Club Dr.
 Zoning Jurisdiction(s): Anderson Township
 Zoning District(s): A-A Residence District
 Zoning Required Min Lot Area: One (1) Acre

TOWNSHIP
 ANDERSON

HOUSEHOLD SEWAGE TREATMENT SYSTEM DESIGNER / QUALIFIED SOILS EVALUATOR:
 Name: _____
 Firm: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ FAX: _____

INDICATE EXISTING (E) and Proposed (P) TYPE OF LAND USE
 E P Vacant
 E P Single Family residences: # of Single Family units: E: _____ P: _____
 E P Condominiums E P Landminiums: # of units: E: _____ P: _____
 E P Apartments: # of 1-Bedroom units: E: _____ P: _____
 E P Apartments: # of 2-Bedroom units: E: _____ P: _____
 E P Apartments: # of units 3-Bedrooms or larger: E: _____ P: _____
 E P Light Business/Commercial E P Storage
 E P Heavy Business/Commercial E P Light Industrial
 E P Educational E P Factory/Industrial
 E P Institutional/Medical E P High Hazard
 E P Assembly E P Government

APP#
 HRE 3024015

PERSON TO BE BILLED FOR STORM DRAINAGE SYSTEM (SDS) REVIEW / INSPECTION FEES:
 Signature: _____
 Name: _____
 Firm: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ FAX: _____

E P Shopping Center: _____
 E P Office Building: _____
 E P Retail other than restaurant: Sq ft: E: _____ P: _____
 Describe Activities: E: _____
 Describe Activities: P: _____
 E P Restaurant & Food service # of restaurant seats: E: _____ P: _____
 E P Elementary School E P Middle School E P High School or above
 # of Students: E: _____ P: _____ # of staff: E: _____ P: _____
 E P Medical Building:
 # of Doctors: E: _____ P: _____ Patients/Day: E: _____ P: _____
 E P Other (Describe): _____
 E P Other (Describe): _____
 Total # of Employees to be working at this Location: E: _____ P: _____

SUBDIVISION NAME
 WATERFRONT ESTATES @ COLDSTREAM

PERSON TO BE BILLED FOR SOIL AND WATER REVIEW / INSPECTION FEES:
 Signature: _____
 Name: _____
 Firm: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ FAX: _____

NON-BUILDING EARTHMOVEMENT DATA
 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: _____ : _____

