

APPENDIX C

**APPLICATION FOR CONCEPT PLAN REVIEW
SUMMIT COUNTY, OHIO**

Name of Subdivision: _____

Location: _____

Parcel Number (s): _____

Owner: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

Applicant: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

Engineer or Surveyor: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

Application is hereby made for review of the Concept Plan. The following documents are made a part of this application.

- a. One (1) original signed Application
- b. Twenty five (25) copies of the Concept Plan folded to approximately 9"x 12" size.
- c. Review fee
- d. Any other data required by the Subdivision Regulations, or that Staff deems necessary.

Comments on the Concept Plan should be sent to:

Name: _____

Address: _____

APPENDIX C (Continued)

Respectfully submitted this _____ day of _____, _____

Signed: _____

For Office Use Only

Fee Amount Paid: \$ _____ Date Application Received: _____

Number of Lots: _____ Staff: _____

Meeting Date (14 Working Days): _____

Meeting Report (10 Working Days): _____

Comments:

Note: Appendix C. APPLICATION FOR CONCEPT PLAN REVIEW, may be revised by the Summit County Planning Commission on a form similar to the attached.