

APPENDIX E

**APPLICATION FOR FINAL PLAT APPROVAL
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 approval of the Final Plat. The following documents are made a part of this application.

- a. One (1) original signed Application
- b. One (1) copy of the approved Preliminary Plan.
- c. Two (2) copies of Covenants and Restrictions, if proposed.
- d. Twenty (20) copies of the Final Plat and Vicinity Map all folded to approximately 9"x12' size.
- e. Review fee

Action of the Summit County Planning Commission should be sent to:

Name: _____

Address: _____

