

**APPENDIX B
APPLICATION FOR MINOR SUBDIVISION REVIEW
SUMMIT COUNTY, OHIO**

Applicant: _____

Address: _____ City _____ State _____ Zip Code _____

Phone: _____ Fax: _____ E-mail _____

Grantor(s): _____

Grantee(s): _____

Township in which transfer is to take place: _____

Environmental Issues: (Refer to Section 1103.04 (b) of Subdivision Regulations)

Number of Lot (s): _____ Acreage of Lot Split(s) _____

Parcel Number (s): _____

The undersigned applies for minor subdivision review under Section 711.131 of the Ohio Revised Code and the Summit County Subdivision Regulations and certifies that all of the information contained in this application is true and correct to the best of my knowledge. I understand that minor subdivision approval may be granted only under the following conditions:

- 1) The proposed division is along an existing public street or road, and does not involve the opening, widening, or extension of any street or road.
- 2) The proposed division does not involve more than five (5) lots after the original tract has been completely subdivided.
- 3) The proposed division is not contrary to applicable platting, subdividing or zoning regulations.

Applicant's Signature or Authorized Representative

Date: _____

APPENDIX B (Continued)

For Office Use Only

Fee Amount Paid \$ _____ Date Application Received _____

Comments:

Staff: _____

Note: Appendix B. APPLICATION FOR MINOR SUBDIVISION REVIEW, may be revised by the Summit County Planning Commission on a form similar to the attached.