

APPENDIX D

**APPLICATION FOR PRELIMINARY PLAN 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 Preliminary Plan. The following documents are made a part of this application.

- a. One (1) original signed Application
- b. Forty (40) copies of the Preliminary Plan including a Vicinity Map all folded to approximately 9"x12" size.
- c. Review fee
- d. Any other data required by the Subdivision Regulations, the Summit Planning Commission and/or that Staff deems necessary.

APPENDIX D (Continued)

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

Name: _____

Address: _____

Respectfully submitted this _____ day of _____, _____

I hereby certify that I have submitted all of the required information for Preliminary Plan review pursuant to the Summit County Subdivision Regulations and that all of the information is true and correct to the best of my knowledge.

I also hereby acknowledge that I understand I cannot transfer or sell any land by reference to, exhibition of, or by the use of a plat of the Subdivision before a plat has been approved and recorded in the manner prescribed in the Summit County Subdivision Regulations.

Applicant's Signature or Authorized Representative

Date

For Office Use Only

Fee Amount Paid \$ _____

Date Application Received: _____

Number of Lots: _____

Staff: _____

Comments:

Note: Appendix D. APPLICATION FOR PRELIMINARY PLAN APPROVAL, may be revised by the Summit County Planning Commission on a form similar to the attached.