

APPENDIX G

**APPLICATION FOR REPLAT REVIEW
SUMMIT COUNTY, OHIO**

Name of Subdivision: _____

Location: _____

Owner: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

Applicant: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

Engineer or Surveyor: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____

Name of Subdivision: _____ Parcel No./s _____

Township: _____

Township Lot Number: _____

Date Plat Recorded: _____

Replatting Sublot (s): _____

Creating Sublot(s): _____

Application is hereby made for approval of the Replat. The following documents are made a part of this application:

- a. One (1) original signed Application
- b. Twenty (20) copies of the Replat including a Vicinity Map
- c. Review fee
- d. Any other data required by the Subdivision Regulations, or that Staff deems necessary

APPENDIX G (Continued)

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

Name: _____

Address: _____

Respectfully submitted this _____ day of _____, _____

I certify that all information contained in this application and its supplements are true and correct.

Applicant's Signature or Authorized Representative

Date

For Office Use Only

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

Number of Lots: _____ Staff: _____

Comments:

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