

**APPLICATION FOR ADMINISTRATIVE SUBDIVISION APPROVAL
PORTAGE COUNTY, OHIO**

Date:

Application No.:

The undersigned applies for Administrative Subdivision Approval under Section 711.131 of the **Ohio Revised Code**, and certifies all material submitted with the application is true and correct. Action must be taken by the Portage County Regional Planning Commission within seven (7) working days from the date of receipt.

Name of applicant: _____

Signature: _____

Address: _____

Phone: _____ Contact person & phone: _____

Township: _____ Lot No.: _____ Road: _____

Name of Grantor (Seller): _____

Name of Grantee (Buyer): _____

Intended use of subdivision: _____

Administrative Subdivision Approval may be granted only under the following conditions:

1. The proposed subdivision is along an existing public road and involves no opening, widening, or extension of any street or road, public or private.
2. No more than five (5) lots are involved after the original tract has been completely subdivided.
3. The subdivision is not contrary to applicable platting, subdividing, or zoning regulations. Variance can only be requested before the entire commission.
4. The property has been surveyed and the survey drawing, township zoning approval, subdivision fee, and legal description are submitted with the application.
5. Approval is granted, where applicable, by the agencies listed below.

Lot split procedures:

1. Zoning Inspector from applicable township must sign the survey drawing.
2. Regional Planning Commission for application.
3. Health Department or Sanitary Engineer's Office for signature on second page of application (whichever is appropriate).
4. Regional Planning Commission to return completed application and payment of fees.
5. Applicant contacted by Regional Planning Commission when application is approved or disapproved.

County Engineer / Tax Map Office (3rd Floor Administration Bldg.)

Date reviewed: Action: **Approval** **Disapproval**

Closure: Yes No

Comments

Signature:

County Sanitary Engineer (3rd Floor Administration Bldg.)

Date reviewed:

Sewer: **Available** **Not available**

Date arrangements for tie-in were made:

Parcels cannot be served: Reason:

Comments:

Signature:

County Board of Health (3rd Floor Administration Bldg.)

Date reviewed: Action: **Approval** **Disapproval**

Date of backhoe Backhoe results

Number of lots tested:

Acreage required for septic

Existing dwelling? Acreage:

Date of visit

Comments:

Date Received: _____

Fee paid: \$ _____

Review

Application complete: _____

Zoning Inspector signature:

Survey drawing: _____

Legal description: _____

Other: _____

Fee paid: _____

Name of adjoining dedicated public right-of-way: _____

Acreage of parcels: () _____; () _____; () _____; () _____; () _____

Frontage (feet): () _____; () _____; () _____; () _____; () _____

Intended use: _____

Zoning: _____ Min. lot size: _____ **ac.** Min. frontage: _____ **ft.** Min. width: _____ **ft.**

Meet zoning: _____ *If no, variance date:* _____ Exceed max. depth: _____

Any opening, widening or extending of street or road: _____

Land locked parcel created? _____ Lots previously split: _____

Area of remaining parcel: _____ acres (exclusive of ROW)

Frontage of remaining parcel: _____ feet

Physical limitations review:

1. According to the *FEMA FIRM Map* (1987), the parcels _____ appear to be in a flood hazard area.
Comment: _____
2. According to the *Portage County Soil Survey* (1978), the parcels _____ to have *hydric* soils.
Comment: _____
3. According to the *National Wetlands Inventory* (1977), the parcels _____ to have jurisdictional wetlands. Comment: _____

Approval:

Disapproval:

Conditional approval:

Signature: _____

Notes: