

MAJOR SUBDIVISION APPLICATION

PRELIMINARY PLAN REVIEW

See section 4.3.2, page 24.

(Optional)

Date: _____

Application No. _____

NAME OF SUBDIVISION: _____

NAME OF OWNER: _____

ADDRESS: _____

PHONE: Home _____ Work _____

NAME OF SURVEYOR OR ENGINEER: _____

ADDRESS: _____

PHONE: _____

DESCRIPTION OF PROPERTY:	North property line	_____	ft.
	East property line	_____	ft.
	South property line	_____	ft.
	West property line	_____	ft.

TOTAL ACRES: _____

PROPOSED USE: _____

PRESENT ZONING DISTRICT: _____

PROPOSED ZONING CHANGES: _____

NUMBER OF LOTS: _____ AREA OF PARCEL: _____

ARE THERE PROPOSED DEED RESTRICTIONS? YES _____ NO _____

(If yes, please attach a copy of the proposed restrictions)



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SUMMIT COUNTY HEALTH

(Cont'd.)

FOR OFFICE USE:

Date Received: _____

Date Reviewed by Summit County Health: _____

Approved for Building site(s); Individual Sewer System(s) has been Approved.

Date: _____ Signed: _____

Approved for Transfer; No Building Site Approval Granted.

Date: _____ Signed: _____

Signature: _____

Please attach any drawings or letters of approval as received from the Summit County Health Department.



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SUMMIT COUNTY HEALTH

NAME OF SUBDIVISION: _____

NAME OF OWNER: _____

ADDRESS: _____

PHONE: Home _____ Work _____

LOCATION OF LOT: _____

DESCRIPTION OF PROPERTY: North property line _____ ft.
East property line _____ ft.
South property line _____ ft.
West property line _____ ft.

PROPOSED USE: _____

PRESENT ZONING DISTRICT: _____

PROPOSED ZONING CHANGES: _____

NUMBER OF LOTS: _____ AREA OF PARCEL: _____

TOTAL ACRES: _____



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(Cont'd.)

PROPOSED IMPROVEMENTS AND UTILITIES.

(Please state your intention to install or post a guarantee prior to actual installation.)

	Improvement	Installation	Guarantee
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____
d)	_____	_____	_____
e)	_____	_____	_____

LIST ANY OTHER INFORMATION SUBMITTED WITH APPLICATION.

	Item	Number
a)	_____	_____
b)	_____	_____
c)	_____	_____
d)	_____	_____
e)	_____	_____

The undersigned applies for a Preliminary Plan Review of a Major Subdivision. The following material meets with Section 711.131 of the Ohio Revised Code, and/or the Village of Richfield Charter. The undersigned certifies all material submitted with this application is true and correct and complies with the Subdivision Regulations of the Village of Richfield.

The undersigned shall bear all research fees.

Signature: _____

Name: _____

(Please print)

Registered Surveyor or Engineer: _____



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PRELIMINARY PLAN REVIEW

CHECKLIST

Information as required in section 4.3.2, page 24.

Item Number	Description	Checked by Initials	Village Use
4.3.2	Preliminary Plan		
(a)	Fee	_____	_____
(b)	1. Application 2. Check List 4. Gummed Labels 5. Proof of Ownership	_____ _____ _____ _____	_____ _____ _____ _____
(c)	Vicinity Map (Showing all items listed pg. 24)	_____	_____
(d)	Preliminary Plan Drawing (Showing all items listed pg. 25 – pg. 28)	_____	_____
2. (a)	Deed Description	_____	_____
3. (i)	Erosion Control (SSWCD)	_____	_____
3. (k)	Summit County Health	_____	_____

