

MAJOR SUBDIVISION APPLICATION

PRELIMINARY DISCUSSION MAP

See section 4.3.1, page 23.

(Optional)

Date: \_\_\_\_\_

Application No. \_\_\_\_\_

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: \_\_\_\_\_

The undersigned applies for a Preliminary Discussion on 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)

**MAJOR SUBDIVISION APPLICATION**

**PRELIMINARY DISCUSSION MAP**  
(Optional)

**CHECKLIST**

Information as required in section 4.3.1, page 23.

Item Number	Description	Checked by Initials	Village Use
4.3.1	Preliminary Discussion Map		
(a)	Location, boundaries	_____	_____
(b)	Existing highways	_____	_____
(c)	Summit County Health	_____	_____
(d)	Utility transmission lines and easements	_____	_____
(e)	Existing Zoning	_____	_____
(f)	Topography	_____	_____
(g)	Proposed streets, lots, public space, easements, existing buildings, etc.	_____	_____
(h)	Proof of ownership	_____	_____



**MAJOR SUBDIVISION APPLICATION**

**PRELIMINARY DISCUSSION MAP**  
(Optional)

**SUMMIT COUNTY HEALTH**

NAME OF SUBDIVISION: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_

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PRESENT ZONING DISTRICT: \_\_\_\_\_

PROPOSED ZONING CHANGES: \_\_\_\_\_

NUMBER OF LOTS: \_\_\_\_\_ AREA OF PARCEL: \_\_\_\_\_

TOTAL ACRES: \_\_\_\_\_



**MAJOR SUBDIVISION APPLICATION**

**PRELIMINARY DISCUSSION MAP**  
(Optional)

**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.

