

ACPC # \_\_\_\_\_

Health Dept # \_\_\_\_\_

APPLICATION FOR TYPE 1 SUBDIVISION

(Subdivision of five acres/lots or less)

Regulated by the Ohio Revised Code 711.131

One copy of this application complete with the information listed below must be filed with the Ashland County Planning Commission. After this application is received by the Commission it will be reviewed by this office, the County Engineer, and the Health Department for their review. Separate applications shall be submitted for each lot to be subdivided. The application, complete with the action taken by the Commission will be returned to the applicant or agent.

Applications will not be accepted unless all information requested is completed and the signature of the relevant township zoning inspector secured.

Name of Applicant or Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Engineer or Surveyor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Township of Transfer: \_\_\_\_\_ Section: \_\_\_\_\_ Size: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

To be included with application:

1. Description: Attach separate sheet with legal description of lot.
2. Sketch: The sketch shall show the following:
  - a. Proposed lot
  - b. Owners of parcel and adjoining property
  - c. Dimension and location of lot lines
  - d. Existing structures, easements, public facilities, setbacks, and direction of drainage
  - e. Health Department Review Statement
3. Zoning Inspector's Signature (see back of this form)

(For Tax Map Office Use Only)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Tax Map Office

(For Health Department Use Only)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Health Commissioners

(For Zoning Inspector Use Only)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Inspector

(For Ashland County Planning Commission Use Only)

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Planning Commission Director