

PORTAGE COUNTY REGIONAL PLANNING COMMISSION
449 SOUTH MERIDIAN STREET, 6TH FLOOR
RAVENNA, OHIO 44266
(330) 297-3613

APPLICATION FOR ADMINISTRATIVE SUBDIVISION APPROVAL

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.

Date: _____ Application No. _____

1. Name of Applicant: _____

Signature: _____

Address: _____

Phone: _____ Contact Person & Phone _____

2. Township, Road and Township Lot Number: _____

3. Name of Grantor (Seller): _____

4. Name of Grantee (Buyer): _____

5. Intended Use of Subdivision: _____ Residential _____
Commercial: _____ Industrial: _____ Other (please specify): _____

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 and lots are not in a platted subdivision.
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. All subdivision regulations have been met including Section 604 Standards of Construction for Sewer and Water Improvements.

Lot Split Procedures:

1. Zoning Inspector from applicable township must sign survey drawing.
2. Application from Regional Planning Commission
3. Portage County Combined General Health District and Water Resources Office for signature on second page of application (whichever is appropriate).
4. Regional Planning Commission to return completed application and payment of fee.
5. Applicant contacted by Regional Planning Commission when application is approved or disapproved.

COUNTY ENGINEER/TAX MAP OFFICE (3RD FLOOR)

Date Reviewed: _____ Action: Approval _____

Disapproval: _____ Closure: Okay? _____

Comments: _____

Signature: _____

COUNTY WATER RESOURCES (8116 INFIRMARY ROAD, RAVENNA)

Date Reviewed: _____

Sewer Available: _____

Sewer Not Available: _____

Date Arrangements for Tie-In Were Made: _____

Parcels(s) Cannot be Served: _____

Reason(s): _____

Signature: _____

COUNTY BOARD OF HEALTH (705 OAKWOOD STREET, RAVENNA – 2ND FLOOR)

Date Reviewed: _____ Action: Approval _____

Disapproval: _____ Date of Backhoe _____

Backhoe Results: _____ Number of Lots Tested: _____

Amount of Acreage Required for Septic System & Replacement Area?: _____

Existing Dwelling? Yes _____ No _____ Date of Site Visit: _____

Comments: _____

Signature: _____

PORTAGE COUNTY REGIONAL PLANNING COMMISSION

Date Received: _____ Fee Paid: _____

STAFF CHECK LIST

	<u>Yes</u>	<u>NO</u>
1. Application Fully Completed	_____	_____
2. Survey Drawing Submitted	_____	_____
3. Legal Description Submitted	_____	_____
4. Fee Paid	_____	_____
5. Name of adjoining dedicated public right-of-way(s): _____		
6. Area of lot split: _____	7. Frontage of lot split: _____	
8. Intended use of lot split: _____		
9. Zoning of area: _____	10. Lot exceed maximum depth? _____	
11. Do lot split and remaining parcel meet zoning requirements? _____		
12. Will split involve the opening, widening or extending of any street or road? _____		
13. Does split create a land-locked parcel? _____	14. Number of lots previously split from parcel: _____	
15. Area of remaining parcel _____ (Exclusive of ROW)		
16. Frontage of remaining parcel: _____		

ADDITIONAL COMMENTS:

According to FEMA Firm Map: _____

According to the Portage County Soil Survey: _____

According to the National Wetlands Inventory: _____

Approval: _____ Disapproval: _____ Conditional Approval: _____

Signature: _____