

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

**PRELIMINARY PLAN APPLICATION**

NOTE: The application and all additional supplemental information submitted at the time of application will constitute the application for review and action by the Planning Commission. It is the responsibility of the applicant to submit all required items as per the Portage County Subdivision Regulations.

Date: \_\_\_\_\_ Application No. \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name of Subdivision: \_\_\_\_\_

4. Township, Road and Township Lot Number: \_\_\_\_\_

5. Proposed Use: \_\_\_\_\_

6. Present Zoning District: \_\_\_\_\_

7. Proposed Zoning Changes: \_\_\_\_\_

8. Any zoning approvals obtained prior to submittal of Preliminary Plan must be included. Include a certification of zoning compliance if an amendment or variance was requested (Copy of Minutes of Meeting, Resolution).

9. Number of Lots: \_\_\_\_\_ Area of Parcel: \_\_\_\_\_

10. Do you propose to develop this subdivision in phases? If so, specify proposed lots by phase and timing for phases. \_\_\_\_\_

11. Do you propose deed restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

12. What type of sewage disposal do you propose? \_\_\_\_\_

In a letter accompanying the application for Preliminary Plan review state the proposed method of sewage disposal or submit a letter indicating that the Ohio EPA has reviewed the proposal for subdivision as required by Law. If on-site sewage disposal systems will be utilized, there shall be a letter or other form of approval from the County Health Department indicating that on-site sewage disposal has been approved for each lot proposed.

In a letter accompanying the application for Preliminary Plan review, the subdivider shall state the proposed method of water supply. If other than a public system, the subdivider shall submit a letter from the County Health Department and/or the Ohio EPA that the individual water supply from private wells is feasible.

13. List all proposed improvements and utilities and state your intention to install or post a guarantee prior to actual installation.

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

14. List other materials submitted with this application.

	Item	No.
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____

#### AFFIDAVIT

I, \_\_\_\_\_, the applicant herein, do hereby apply for Preliminary Plan approval for \_\_\_\_\_ subdivision. I fully understand that the purpose of a Preliminary Plan Review is to examine the basic design factors of a subdivision in order to ascertain whether the proposed design is acceptable and complies with applicable subdivision rules and regulations. I further understand that said Preliminary Plan Review is conducted solely for the applicant's benefit to enable the applicant to receive comments and information concerning the subdivision's proposed design before detailed engineering and construction plans are submitted for formal approval. I understand that the submission of a Preliminary Plan for approval does not constitute the submission of a plat for approval pursuant to Section 711.10 of the Ohio Revised Code, and I specifically waive any rights to an approval under said statute until such time as an application for Plat Approval is submitted to the Commission. I certify that I have read the foregoing documents and have answered all questions fully and frankly. The answers are complete and true to the best of my knowledge.

SS

State of Ohio  
County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 19\_\_\_\_

\_\_\_\_\_  
Notary Public

**FOR OFFICIAL USE**

Date Received \_\_\_\_\_

Fee Paid \_\_\_\_\_

Date of Meetings of Planning Commission \_\_\_\_\_

\_\_\_\_\_

Meeting #1:      Accept for Review \_\_\_\_\_

Not Accept for Review \_\_\_\_\_

If Not Accepted for Review, Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meeting #2:      Approval \_\_\_\_\_

Disapproval \_\_\_\_\_

Conditional Approval \_\_\_\_\_

Conditions Stipulated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Preliminary Plan Disapproved, Reasons for Disapproval \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Received Revised Preliminary Plan \_\_\_\_\_

Date of Meeting of Planning Commission \_\_\_\_\_

Action of Planning Commission \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Date Received Revised Preliminary Plan \_\_\_\_\_

Date of Meeting of Planning Commission \_\_\_\_\_

Action of Planning Commission \_\_\_\_\_

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