

**PLAT APPLICATION FORM  
MAHONING COUNTY PLANNING COMMISSION**

TOWNSHIP _____	
TITLE OF PLAT _____	
NAME OF APPLICANT _____	ADDRESS, CITY, STATE, ZIPCODE _____
NAME(S) OF PROPERTY OWNER(S) _____	ADDRESS, CITY, STATE, ZIPCODE _____
(_____) - _____ PHONE NUMBER (APPLICANT)	(_____) - _____ PHONE NUMBER (OWNER)

**FINALS AND REPLATS:**

1. ARE THERE EXISTING STRUCTURES ON THE PROPERTY? \_\_\_\_\_ WHERE? \_\_\_\_\_

2. IS PUBLIC WATER AVAILABLE TO THE SITE? \_\_\_\_\_

3. IS THE PROPERTY SERVICED BY SANITARY SEWER? \_\_\_\_\_

**\*IF 'NO', APPLICATION MUST ALSO BE MADE AT THE BOARD OF HEALTH, EVEN IF NO CONSTRUCTION IS PLANNED.**

4. HAS APPLICATION BEEN MADE TO THE BOARD OF HEALTH? \_\_\_\_\_

DATE APPLIED TO BOH: \_\_\_\_\_ INSPECTOR NAME: \_\_\_\_\_

HAS BOARD OF HEALTH APPROVAL BEEN GRANTED? \_\_\_\_\_

\_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*The commission shall approve, approve conditionally or disapprove the final plat within thirty (30) days unless further time is agreed by the applicant. Approval or disapproval of the commission shall be endorsed in writing on the final plat (3.4.05).*

*The commission will send a copy of the final plat by written notice to the appropriate designated person within each township, and in compliance with O.R.C. 711.10. Any future duly adopted and passed State Amendments to the section will control (3.4.05.1).*

*I \_\_\_\_\_ acknowledge the provision of the Ohio Revised Code and the subdivision regulations, which requires the planning commission's action on a proposed plat within thirty (30) days, unless waived in writing. I hereby waive the said 30-day requirement.*

\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**PRELIMINARIES ONLY:**

1. WHAT IS THE PROPOSED USE ON THIS PLAN (IF ANY)? \_\_\_\_\_

2. HAS A ZONE CHANGE BEEN REQUESTED FOR THIS PLAT? \_\_\_\_\_ GRANTED? \_\_\_\_\_

3. ARE THERE ANY EASEMENTS NOT SHOWN ON THIS PLAT? \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

*I submit the PRELIMINARY plan described above as a preliminary plan as provided for in Mahoning County Subdivision Regulations. I am aware that only a final plat can ultimately be recorded and that this plan does not constitute such a plat under Section 711.02, 711.03, 711.04, O.R.C. I authorize officers of the Mahoning County Planning Commission and the advisors they deem appropriate access on the land subject to this plat for the purpose of the inspection and/or evaluation.*

\_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**\*\*OFFICE USE ONLY\*\***

# OF LOTS: \_\_\_\_\_ FEE: \_\_\_\_\_ CHK# \_\_\_\_\_ CASH \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

WITHDRAWN BY: \_\_\_\_\_ DATE: \_\_\_\_\_ STAFF: \_\_\_\_\_

RESUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ STAFF: \_\_\_\_\_

RELEASED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ STAFF: \_\_\_\_\_