

APPLICATION FOR MINOR SUBDIVISION APPROVAL
MIAMI COUNTY, OHIO

DATE _____

APPLICATION NO. _____

The undersigned applies for Minor Subdivision Approval through the Miami County Planning Commission and certifies that all information submitted with this application is true and correct.

SIGNATURE: _____

ADDRESS: _____

PHONE: _____

Minor Subdivision Approval may be granted only under the following conditions:

1. The proposed subdivision is along an existing public road and involves no openings, widening or extension of any street.
2. No more than 5 lots are involved after the original parcel has been completely subdivided.
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 a sketch and legal description is submitted.
5. Approval is granted, where applicable, by the agencies listed below.

For Official Use
COUNTY BOARD OF HEALTH

DATE RECEIVED: _____

ACTION: _____ DATE: _____

COMMENTS:

Signature

COUNTY ENGINEER

DATE RECEIVED: _____

ACTION: _____ DATE: _____

COMMENTS:

Signature

COUNTY SANITARY ENGINEER

DATE RECEIVED: _____
ACTION: _____ DATE: _____
COMMENTS: _____

Signature

ZONING INSPECTOR

DATE RECEIVED: _____
ACTION: _____ DATE: _____
COMMENTS: _____

Signature

PLANNING COMMISSION

DATE RECEIVED: _____
FEE PAID: \$ _____ DATE: _____
ACTION: _____ DATE: _____
COMMENTS: _____

Signature

Note: This form must be submitted to the County Auditor for transfer and the County Recorder for recording.