

SUBDIVISION, LOT SPLIT OR TRANSFER APPLICATION

PERMIT No.: _____

GENOA TOWNSHIP DEVELOPMENT & ZONING OFFICE (614) 899-0725 PHONE, (614) 895-1255 FAX
5111 S. OLD 3C HWY., WESTERVILLE, OHIO 43082, WWW.GENOATWP.COM

EFFECTIVE: 06/26/11

TYPE: SUBDIVISION PLAT NO PLAT PROPERTY TRANSFER

PROPERTY OWNER(S): _____ MAILING ADDRESS: _____

ORIGINAL PARCEL NUMBER(S) (USE A SEPARATE SHEET IF NECESSARY): _____

SUBDIVISION NAME (IF APPLICABLE): _____ SECTION(S): _____ PHASE(S): _____ NO. OF LOTS: _____

ZONING DISTRICT(S): RURAL RESIDENTIAL (RR) SUBURBAN RESIDENTIAL (SR) PLANNED COMMUNITY FACILITIES (PCF)
 COMMUNITY BUSINESS (CB) LI (INDUSTRIAL) PRD (RESIDENTIAL) PCD (COMMERCIAL) PID (INDUSTRIAL-WAREHOUSE)

ENGINEER/SURVEYOR: _____ PHONE / FAX: _____

ADDRESS: _____ EMAIL: _____

PRIMARY CONTACT: _____ PHONE / FAX: _____

ADDRESS: _____ EMAIL: _____

BY SIGNING THIS APPLICATION ON THE LINE BELOW, I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE. I ALSO AGREE TO COMPLY WITH PROVISIONS OF THE ZONING RESOLUTION OF GENOA TOWNSHIP, AS WELL AS ACKNOWLEDGE THE FOLLOWING:

- I HAVE SUBMITTED WITH THIS APPLICATION ALL DOCUMENTS WHICH ARE TO BE CONSIDERED FOR APPROVAL WITH THIS APPLICATION, INCLUDING THE DEVELOPMENT PLAN AND ORIGINAL SUBDIVISION PLAT OR LEGAL DESCRIPTIONS AND SURVEYS FOR EACH LOT BEING CREATED. ONE (1) FULL-SIZED COPY AND ONE (1) REDUCED SIZE COPY (NO LARGER THAN 11" X 17") OF ALL SUBMITTED DOCUMENTS MUST ALSO BE SUBMITTED AT THE TIME OF APPLICATION FOR THE TOWNSHIP'S RECORD.
- I UNDERSTAND THAT IT SHALL BE UNLAWFUL TO AMEND APPROVED SUBDIVISION DOCUMENTS FOR SUBSEQUENT APPROVALS WITHOUT PRIOR CONSENT FROM THE GENOA TOWNSHIP ZONING DEPARTMENT.
- I HAVE SUBMITTED APPLICABLE FEES, PER THE CURRENT GENOA TOWNSHIP ZONING FEE SCHEDULE AND ACKNOWLEDGE THAT ADDITIONAL FEES MAY BE DUE IF PLANS ARE ALTERED AS TO ADD ADDITIONAL LOTS OR REQUIRE A MAJOR SUBSEQUENT REVIEW.

SIGNATURE OF OWNER(S)/AGENT

OWNER(S)/AGENT'S NAME PRINTED OR TYPED

DATE OF APPLICATION

INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

DATE RECEIVED: _____ COMPLETE APPLICATION: YES NO RECEIVED BY: _____TYPE OF PAYMENT: CASH CREDIT CARD CHECK NO. _____ AMOUNT: _____ STAFF COMPLETING REVIEW: _____

NOTES FROM REVIEW: _____

 SIGNED BY: _____ NOT SIGNED FOR THE FOLLOWING REASON(S): _____ DATE: _____

SUBSEQUENT NOTES: _____