

**APPLICATION FOR APPROVAL OF  
MINOR SUBDIVISION (LOT SPLIT)**

**HAMILTON COUNTY REGIONAL PLANNING COMMISSION**

807 COUNTY ADMINISTRATION BUILDING 138 EAST COURT STREET CINCINNATI, OH 45202 (513) 946-4465

<b>APPLICANT</b>		<b>PROPOSED UTILITIES</b>		<b>DATE RECEIVED</b>		
NAME:		SEWER: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE				
FIRM:		WATER: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<b>FEE</b>		
ADDRESS:		<b>LOCATION, AREA AND ZONING</b>				
CITY:	STATE:	ZIP:	AUDITORS BOOK:      PAGE:      PARCEL:	<b>CK# / CASH</b>		
TELEPHONE:		FAX:				
<b>GRANTOR</b>		APPROX      FEET (N) (S) (E) (W) OF:		<b>TYPE</b>		
NAME:		TOTAL ACRES:				
FIRM:		NUMBER OF LOTS:		<b>TOWNSHIP</b>		
ADDRESS:		ZONING JURISDICTION(S):				
CITY:	STATE:	ZIP:	ZONING DISTRICT(S):	<b>YEAR</b>		
TELEPHONE:		FAX:				
<b>GRANTEE</b>		<b>FOR OFFICE USE ONLY</b>		<b>SEQ#</b>		
NAME:		REQUIRED IMPROVEMENTS:				
FIRM:		Minor subdivision applications (lot splits) which propose the use of a shared common access drive, serving three or more lots, shall include a certificate of compliance with the access management regulations.		<b>APPROVED BY</b>		
ADDRESS:						
CITY:	STATE:				ZIP:	
TELEPHONE:					FAX:	
<b>ENGINEER/SURVEYOR</b>		ASSURANCE OF COMPLETION:		<b>APPROVAL DATE</b>		
NAME:						
FIRM:						
ADDRESS:						
CITY:	STATE:	ZIP:				
TELEPHONE:		FAX:				
<b>DIRECT CORRESPONDENCE TO</b>		CERTIFICATE OF COMPLETION:				
NAME:						
FIRM:						
ADDRESS:		SIGNATURE:				
CITY:	STATE:	ZIP:				
TELEPHONE:		FAX:				
<b>CERTIFICATION</b>						
I CERTIFY THAT THE INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION AND IN THE ATTACHMENTS ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE BASED UPON THE APPLICATION COMPLETENESS CHECKLIST						
APPLICANT'S SIGNATURE:			DATE:			