

Preliminary Plat Approval Application
Ontario, Ohio

Date: _____ Application number PP- _____

1. Name of applicant: _____
Address: _____
Phone number (s): _____

2. Name of Surveyor or Engineer: _____
Address: _____
Phone number (s): _____

3. Name of Subdivision: _____

4. Locational description: Section _____ Township _____
Range _____ Other _____
(In addition please attach a copy of the legal description)

5. Proposed use: _____

6. Present zoning district: _____

7. Proposed zoning changes if any: _____

8. Number of lots: _____ Area of parcel(S): _____

9. Do you propose deed restrictions? yes _____ no _____
(If yes please attach a copy.)

10. What type of sewage disposal do you propose? _____
(if an on lot type of disposal is proposed, include approval letter from the EPA and
The Richland County Health Department.)

11. List all proposed improvements and utilities and state your intention to install or post
A guarantee prior too actual installation.

Improvement	Installation	Gaurantee
a. _____		
b. _____		
c. _____		
d. _____		

12. List other materials submitted with this application.

Item
a. _____
b. _____
c. _____
d. _____
e. _____

Applicant: _____

Surveyor or Engineer: _____



Zoning Office use only

Date received: _____

Date of meeting of Planning Commission: _____

Action by Planning Commission: _____

If Plat rejected, reasons for rejection: _____

Date: _____ Chairman: _____