

FIGURE 9

**APPLICATION FOR TENTATIVE APPROVAL OF PRELIMINARY PLAT
COLUMBIANA, OHIO**

Date _____ Application _____

1. Name of Applicant: _____
Address: _____
Phone: _____
2. Name of Surveyor or Engineer: _____
Address: _____
Phone: _____
3. Name of Subdivision: _____
4. Locational Description: Section _____ Township _____
Range _____
Other: _____
(in addition, please attach copy of legal description)
5. Proposed Use: _____
6. Present Zoning District: _____
7. Proposed Zoning Changes: _____
8. Number of Lots: _____
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 sewage disposal is proposed, include a letter from the County Board of Health approving a specific type of sewage disposal.

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

	Improvement	Installation	Guarantee
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____

12. List other materials submitted with this application.

	Item	No.
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____

Applicant

Surveyor or Engineer

For Official Use

Date Received _____

Date of Meeting of Planning Commission _____

Action by Planning Commission _____

If plat rejected, reason(s) for rejection _____

Date _____

Chairperson