

FIGURE 12

**APPLICATION FOR FINAL PLAT APPROVAL
COLUMBIANA, OHIO**

Date _____ Application No. _____

1. Name of Applicant _____

Address _____

Phone _____

2. Name of Surveyor or Engineer _____

Address _____

Phone _____

3. Name of Subdivision _____

4. Date Preliminary Plat Approved _____

5. Was a zoning change requested? _____ Yes _____ No

6. If yes, the plat may not be approved until it conforms with the local zoning. Include a certification of zoning compliance if a change was requested.

7. Have all required improvements been installed? _____ Yes _____ No
If no, include detailed estimate of cost and a statement relative to the method of improvement guarantee. All estimates must be approved by the responsible (municipal, county) official.

8. Do you propose deed restrictions? _____ Yes _____ No
(If yes, please attach a final copy.)

9. List other materials submitted with this application.

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

For Official Use

Date Received _____

Date of Meeting of Planning Commission _____

Plat Fee \$ _____ Inspection Fee \$ _____

Action by Planning Commission _____

If plat rejected, reason(s) for rejection _____

Date _____

Chairperson