

APPENDIX 5
Application for Tentative Approval of Preliminary Plat
Mount Gilead, Ohio

Date _____

Application No. _____

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 _____ Area of Parcel _____

9. Do you propose deed restrictions? Yes _____ No _____

(If yes, please attach a copy)

10. 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. _____	_____	_____

APPENDIX 5 (Cont.)

11. List other materials submitted with this application.

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

Applicant _____

Surveyor or Engineer _____

OFFICE USE ONLY

Date Received _____

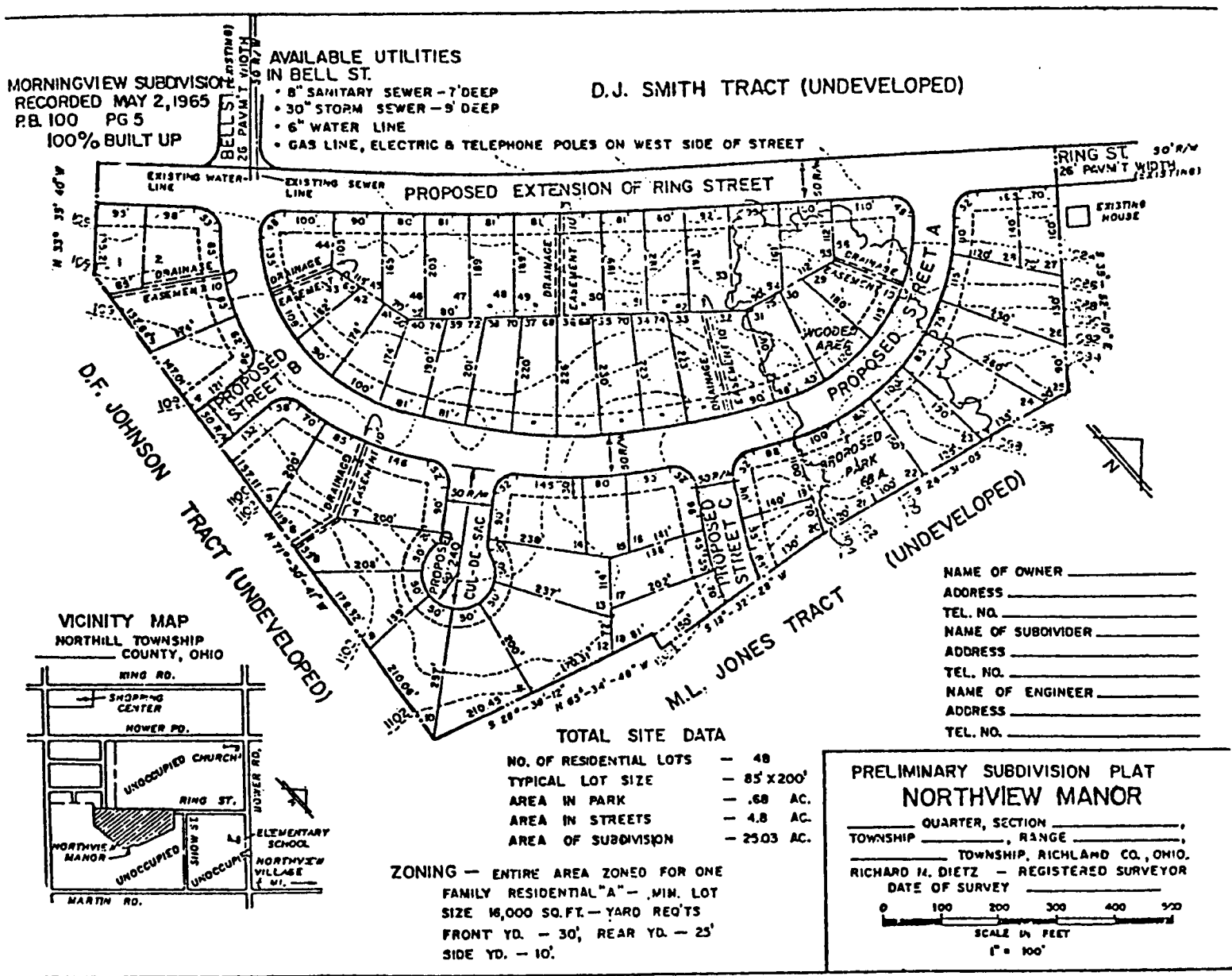
Date of Meeting of Planning Commission _____

Action by Planning Commission _____

If Plat Rejected, Reason(s) for Rejection _____

Date _____

Chairman _____



TYPICAL PRELIMINARY SUBDIVISION PLAT