

APPENDIX 6
Application for Final Plat Approval
Mt. Gilead, 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
If yes, the plat may not be approved until it conforms with local zoning. Include a certification of zoning compliance if a change was requested.

6. Have all required improvements been installed? _____ Yes _____ No
If no, include detailed estimates of cost and a statement relative to the method of improvement guarantee. All estimates must be approved by the Village Engineer.

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

Table with 2 columns: Item, No. Rows a through g.

APPENDIX 6 (Cont.)

OFFICE USE ONLY

Date Received _____

Date of Meeting of Planning Commission _____

Plat Fee \$ _____

Inspection Fee \$ _____

Action by Planning Commission _____

If plat rejected, reason(s) for rejection _____

Date _____

Chairman _____