

**APPENDIX G**

**APPLICATION FOR REPLAT REVIEW  
SUMMIT COUNTY, OHIO**

Name of Subdivision: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Engineer or Surveyor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_ Parcel No./s \_\_\_\_\_

Township: \_\_\_\_\_

Township Lot Number: \_\_\_\_\_

Date Plat Recorded: \_\_\_\_\_

Replatting Sublot (s): \_\_\_\_\_

Creating Sublot(s): \_\_\_\_\_

Application is hereby made for approval of the Replat. The following documents are made a part of this application:

- a. One (1) original signed Application
- b. Twenty (20) copies of the Replat including a Vicinity Map
- c. Review fee
- d. Any other data required by the Subdivision Regulations, or that Staff deems necessary

APPENDIX G (Continued)

Action of the Summit County Planning Commission should be sent to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Respectfully submitted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

I certify that all information contained in this application and its supplements are true and correct.

\_\_\_\_\_  
Applicant's Signature or Authorized Representative

\_\_\_\_\_  
Date

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For Office Use Only

Fee Amount Paid: \$ \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Number of Lots: \_\_\_\_\_ Staff: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: Appendix G., APPLICATION FOR REPLAT REVIEW may be revised by the Summit County Planning Commission on a form similar to the attached*