

**APPLICATION FOR APPROVAL OF PRELIMINARY PLAT**

A \$ \_\_\_\_\_ Filing Fee payable to Tuscarawas County Regional Planning Commission must accompany this application. Fee Schedule: \$420 plus **\$130** per lot.

Date: \_\_\_\_\_ Proposed Name of Subdivision: \_\_\_\_\_

Name of Developer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Surveyor/Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Location of Subdivision: Township: \_\_\_\_\_ Section: \_\_\_\_\_ Range: \_\_\_\_\_

Attach Legal Description.

Proposed Use: \_\_\_\_\_

Present Zoning District: \_\_\_\_\_

Proposed Zoning Changes: \_\_\_\_\_

Number of Lots: \_\_\_\_\_ Area of Parcel: \_\_\_\_\_ Parcel # \_\_\_\_\_

Attach a copy of deed restrictions if any.

Do you plan to seek extension of public water supply, sanitary sewers or storm sewers?

\_\_\_\_\_ Public Water Supply      Supplier Name \_\_\_\_\_

\_\_\_\_\_ Public Sanitary Sewers      Supplier Name \_\_\_\_\_

\_\_\_\_\_ Public Storm Sewers      Supplier Name \_\_\_\_\_

If an on lot type of sewage disposal system is proposed, include a letter from the County Board of Health approving a specific type of sewage disposal system.

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

Improvements

Installation

Guarantee

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other materials submitted with this application: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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(For Commission Use Only)

\_\_\_\_\_  
Date of Committee Meeting

Action By Committee: \_\_\_\_ Approved \_\_\_\_ Disapproved

Reason(s) for disapproval: \_\_\_\_\_

\_\_\_\_\_  
Date of T.C.R.P.C.Meeting

Action By Committee: \_\_\_\_ Approved \_\_\_\_ Disapproved

Reason(s) for disapproval: \_\_\_\_\_

\_\_\_\_\_  
Subdivision Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
TCRPC Chairman

\_\_\_\_\_  
Date