

Tuscarawas County Regional Planning Commission

APPLICATION FOR Re-Plat of Recorded Plat

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

Date:_____ Subdivision:_____

Name of Applicant:_____

Address:_____

Phone:_____

1. Was a zoning change requested ____ Yes ____ No
2. 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.

8. List other materials submitted with this application:_____

(For Commission Use Only)

_____ Action By Committee:___ Approved ___Disapproved
Date of Committee

Reason(s) for disapproval:_____

_____ Action by Committee:___ Approved ___Disapproved
Date of T.C.R.P.C Meeting

Reason(s) for disapproval:_____

Subdivision Chairman

Date

T C R P C Chairman

Date