



Village of Commercial Point

P.O. Box 56
Commercial Point, Ohio 43116
(614) 877-9248

SUBDIVISION APPLICATION

_____ Preliminary _____ Final ___ Major ___ Minor (under 5 lots)

PROPERTY OWNER

Name _____

Address _____

Daytime Phone _____ Email _____

APPLICANT

Name _____

Address _____

Daytime Phone _____ Email _____

ENGINEER (Must be Registered Professional Engineer in the State of Ohio)

Name & Company _____

Address _____

Daytime Phone _____ Email _____

Ohio Registration Number _____

Location of Subject Property _____

Subdivision Name _____

Number of Acres _____ Number of Buildable Lots _____ Reserve Lots _____

The submitted subdivision application shall conform with Chapter 1109 of the Village of Commercial Point Subdivision Regulations.

I certify that the information provided with this application is correct and accurate to the best of my ability.

Property Owner's or Authorized Agent's Signature

Date

Date Received ___/___/___ Fee Paid: _____

P&Z Public Hearing ___/___/___ Council Public Hearing ___/___/___

Recommendation ___ Approval ___ Denial ___ Recommendation ___ Approval ___ Denial ___

Expiration Date ___/___/___ Ordinance Date ___/___/___

Planning and Zoning Chairperson _____

Pres. of Council Pro Tempe _____ Technical Review Board Chair _____