

CARROLL COUNTY REGIONAL PLANNING COMMISSION: 330-627-5611

Application for Minor Subdivision Approval

Application must be completed within 1 year of initial filing with the RPC

Property Information to be completed by Applicant

Owner's Name: _____

Purchaser's Name: _____

Parcel ID #: _____

Contact Person: _____ Phone: _____

Township/Range/Section: _____ Road Name: _____

Split Size: _____ Original Acreage: _____

Intended Use (check all that apply): _____ Homesite _____ Agricultural _____ Recreational

_____ Transfer to Adjoining Property Owner _____ Commercial _____ Industrial _____ Investment

_____ Other (explain) _____

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To Be Completed by: Carroll County General Health District: 330-627-8022

(Preliminary Homesite Review)

NOTE: PROPERTY BOUNDARIES MUST BE STAKED PRIOR TO DEPARTMENT INSPECTION.

1. Is new tract served by public water supply? Yes _____ No _____

2. Is new tract served by public sewer system? Yes _____ No _____

Comments: _____

County Environmental Specialist

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To Be Completed by: Driveway Permit from Authorizing Jurisdiction

Before a driveway is constructed, contact the appropriate agency for required approvals:

State Route (ODOT) - 330-627-4660 County Road (County Engineer) – 330-627-4110

Township Road – Call Twp. Trustees

I/We have reviewed the proposed site located on _____ Road for a driveway/access point, The site has () an existing driveway or () a permit to construct a driveway/access point has been approved.

Inspector Jurisdiction: ODOT, County, Township _____ / _____ / _____
Date

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To Be Completed by: County Map Office

(Description, plat and Deed Review)

I/We have reviewed the surveyor's description, survey plat and deed. The said documents are approved for transfer.

Reviewer _____ / _____ / _____
Date

To Be Completed by: Other Reviewing Agency (if applicable)

I/We have reviewed the lot(s)/parcel(s) on this application find they are in compliance with our regulations.

Comments: _____

_____/_____/_____
Reviewer Agency Date

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To Be Completed by: House Numbering Department (if none previously issued)

The following house number has been issued for the lot/parcel listed on this application:

_____ Road in Section _____ of _____ Township

House Number _____ Street/Road _____

Post Office _____ Zip Code _____

Range/Twp./Section _____ Parcel ID Number split from _____

IMPORTANT; Minor Subdivision approval is provided for convenience. It does not in any way relieve the applicant from meeting all lawful regulations, including but not limited to the requirements of the Carroll County Subdivision Regulations, Carroll County General Health District, Carroll County EMA Flood Plain, Carroll County Engineer, and the jurisdiction having authority over the access roadway.

Regional Planning Office Use Only

Date Received: _____ Review Fee: _____ ()Cash () Check # _____

Health Department Approval _____ Map Office Approval _____

Driveway Permit Review/Approval _____ Other Agency Approval _____

Carroll County Regional Planning Commission Date Deed Stamped: _____

Comments: _____

_____/_____/_____
Director of Regional Planning or Authorized Representative Date

Buyer/Grantee Certificate

This is to certify that I (we) _____ are aware of the regulations and/or guidelines relating to the acquisition of property in Carroll County and are familiar with and understand the contents of this application.

Signature of Applicant or Legal Representative Date: _____

Please take this form and the approved deed to the County Auditor's office for transfer and then to the County Recorder's office for final recording.