

**APPLICATION FOR TYPE Ia & Ib SUBDIVISION**

(Ia Subdivisions of five lots or less / Under five acres)

(Ib Subdivisions being of five acres to twenty acres)

(Ia) Regulated by the Ohio Revised Code 711.131

(Ib) Regulated by the Ohio Revised Code 711.133

One copy of this application, complete with the information listed below, must be filed with the Ashland County Planning Commission. After these applications are received by the Commission, they will be reviewed by this office, the Tax Map Office, Health Department, County Engineer, and the Soil & Water Conservation Dist. for their review. Separate applications **shall** be submitted for each lot to be subdivided. The application, complete with the action taken by the Commission, will be returned to the applicant or agent.

Applications will not be accepted unless all information requested is completed and signature of the relevant township zoning inspector secured.

Name of Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Name of Surveyor \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Name of Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Vacant Land \_\_\_\_\_

Township of Transfer \_\_\_\_\_ Section / Pg. / Lot \_\_\_\_\_ ( **Qtr.** ) Size \_\_\_\_\_ **Ac.**

Zoning Classification \_\_\_\_\_ Tax Map Parcel “ \_\_\_\_\_ ”

To be included with application:

1. Description : Attach separate sheet with legal description to each copy
2. Sketch : The sketch shall show the following and be attached to each copy
  - a. proposed lot
  - b. owners of parcel and adjoining property
  - c. dimension and location of lot lines
  - d. existing structures, easements, public facilities, setbacks, and direction of drainage
3. Signature Form (See back of this form)

----- ( For **Zoning Inspector** Use Only ) -----

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Inspector

----- ( For **Health Department** Use Only ) -----

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Health Commissioner

----- ( For **Tax Map Office** Use Only ) -----

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Tax Map Office

----- ( For **County Engineer** Use Only ) -----

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
County Engineer

----- ( For **Soil & Water Conservation Dist** Use Only ) -----

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Soil & Water Conservation Dist.

----- ( For **County Planning Commission** Use Only ) -----

Date Received : \_\_\_\_\_ Date Approved : \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Planning Director