## APPLICATION FOR LOT SPLIT/COMBINATION GARRETTSVILLE VILLAGE, OHIO

Date:		
Date.		

Property Address:			Zoning District:	
Current Use(s):				
Applicant Name:		Address:		
Phone:	Fax:			
Company Name:				
Phone:	Fax:			
Property Owner:		Address:		
Phone:	Fax:		email:	
Agent/Attorney:		Address:		
Phone:	Fax:		email:	
Surveyor/Engineer:		Address:		
Phone:	Fax:		email:	
Application for:	Lot Split	Lot Combination	on Re-Plat	
Permanent Parcel Num	nber(s):			
Legal Descrip Copy of Cour Proper Certif Attach docume Application deadline is Thursday of each month	ication of Ownership entation showing size a s seven (7) days prior th.	surrounding properties and setbacks of all existing to monthly Planning Con	ing structures  mmission meeting which is held on the 1st  is true and correct to the best of my knowledge.	
Applicant Signature			Date	
Property Owner Signat	cure		Date	
Agent or Attorney Sign			Date line)	
Date Received:	Fee 1	Paid:	Receipt Number:	
Planning Commission Re	eview Date:	Approved	Denied	
If Denied, state reasons:				
Planning Commission Ch	nair Signature:			