



City of Canal Winchester

36 South High Street
Canal Winchester, Ohio 43110

Development Department
Phone (614) 837-7501 Fax (614) 837-0145

SUBDIVISION APPLICATION

rev. 6/21/2010

_____ Lot Split _____ Preliminary _____ Final

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 1121 of the Canal Winchester 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 Authorize Agent's Signature

Date

DO NOT WRITE BELOW THIS LINE

Date Received: ___/___/___

Fee: \$ _____
Paid

Tracking Number: _____

P&Z Public Hearing: ___/___/___

Recommendation ___ Approval ___ Denial

Council Public Hearing: ___/___/___

Action ___ Approval ___ Denial

Expiration Date: ___/___/___

Council Ordinance No.: _____