VILLAGE OF CANAL WINCHESTER
36 SOUTH HIGH STREET
CANAL WINCHESTER, OHIO 43110

PLANNING AND ZONING DEPARTMENT
PH 614.837.7501 FAX 614.837.0145

APPLICATION FOR SUBDIVISION

rev. 5/15/2007

_____Lot Split _____Preliminary _____Final

Property Owner's Name | Address | Daytime Phone

Applicant's Name | Address | Daytime Phone

Surveyor/Engineer Name | Address | Daytime Phone

Location of Subject Property _____

Name of Subdivision _____

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

The submitted subdivision application shall conform with the Subdivision Regulations of Canal Winchester.

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

_____ _____

Property Owner's Signature **Date**

DO NOT WRITE BELOW THIS LINE

Date Received: ___ / ___ / ___ Fee: $_____ Paid ☐ Historic District: ___ Yes ___ No Preservation Area: ___ Yes ___ No

Tracking No.: ____ - ____ - ____

P&Z Public Hearing: ___ / ___ / ___ Recommendation: ____ Approval ____ Denial

Council Public Hearing: ___ / ___ / ___ Council Action: ____ Approval ____ Denial

Council Ordinance No.: _____