

ATTACHMENT B
FINAL PLAT APPLICATION
SENECA REGIONAL PLANNING COMMISSION
SENECA COUNTY, OHIO

Subdivision Name: _____

Township:_____ Section:_____ Existing Road:_____

Name and Address of Property Owner:

Owner Phone Number:_____ Owner Email:_____

Surveyor:_____ Surveyor Contact Name:_____

Surveyor Phone Number:_____ Surveyor Email:_____

Date Preliminary Plat Approved:_____

Requirements for the Final Plat Application:

- ___ Complete set of construction plans
- ___ 2 Copies of plat
- ___ 2 Copies of restrictive covenants
- ___ Engineer/Surveyor seal and signature
- ___ Engineer's estimate
- ___ Performance and Maintenance Bond
- ___ Form letter for street dedication completed
- ___ Subdivision Name
- ___ Legal Description
- ___ Ditch maintenance assessment
- ___ Date, North Arrow and Scale
- ___ Name and address of Engineer/Surveyor who prepared the plat
- ___ Plat boundaries with angular and lineal dimensions
- ___ Bearings and distances to established monuments
- ___ Monument description
- ___ Locations and Names of Existing:
 - ___ Street rights-of-way ___ Setbacks ___ Easements ___ Lot #
 - ___ Lot dimensions ___ Curve data ___ Public land
- ___ Base flood elevation data
- ___ Phasing of site development
- ___ **Agency Approvals**
 - ___ Seneca GHD ___ Seneca County Sanitary Sewer District
 - ___ Township Trustees ___ Township Zoning Inspector
 - ___ Flood Plain Manager ___ Seneca Conservation District ___ Seneca County Engineer
- ___ Notarized owner's signatures of plat dedication

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____ Surveyor

____ Dedication of street and public areas

This application, copies of the plat showing all items listed above, and one complete set of construction plans shall be submitted a minimum of 10 days prior to the next scheduled Regional Planning Commission meeting to be considered for placement on the agenda. I understand that upon review, if any of the above data or documents have been omitted, the Executive Director shall remove this submittal from consideration for the Regional Planning Commission Agenda.

Certification: the undersigned certifies that the information accompanying this application is true and correct to the best of their knowledge.

Signature of Owner or Authorized Agent

Date

FOR PLANNING COMMISSION USE ONLY

Date Filed: _____

Date of Public Hearing: _____

Recommendation of Planning Commission: Approval _____ Denial _____

Reason for Recommendation: _____

Date of Approval: _____

Chairman, Planning Commission: _____

Secretary, Planning Commission: _____