

## City of Circleville

Department of Public Service City Administration Building 104 East Franklin Street Circleville, OH 43113 740-477-8224 www.circlevilleoh.gov

Application #:	
Fee Amount \$_	
Collected By: _	
Date: _	

## **Application for Minor Subdivision**

Applicant Name:		Phone #:	
Applicant E-mail:			
Property Owner/Developer: _		Phone #:	
Owner/Developer Address:			
Property Address:			
	(if no actual address, description		
Name of Proposed Subdivisio	n:		
Zoning District:	Present Use:	Proposed Use:	
Date of Pre-Application Meet	ing with the Planning & Zoning Commissi	on/Service Director:	
Property Owner Signature:		Date:	
Developer Signature:		Date:	
	(if different from Owner)		
As Director of Public Service, 5.02 of the City of Circleville	Zoning Code:  Director of Public Service	meets does not meet the criteria of	
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## Minor Subdivison Application Checklist

Proposed name of the subdivision and its location	
Names, addresses and phone numbers of owners and/or developers	
Survey of the property, with metes and bounds description, by a Registered Surveyor	
Adjoins an existing public street and does not involve opening, widening, extension or	
improvement of any roadway or the installation of any public utilities	
Creates no more than five (5) lots including the remainder	
Complies with ORC and City of Circleville Zoning Code	
Any additional drawings/information deemed necessary by the Service Director to determine	
compliance with pertinent subdivision, zoning and other regulations	