APPLICATION FOR FINAL PLAT APPROVAL

To the

Cuyahoga County Planning Commission

Cuyahoga County, Ohio

**Date:**  **Application No.**

The undersigned applies for approval of a Final Plat for a Major Subdivision and certifies that all materials submitted with this application are true and correct.

**1. Name of Applicant:**

 **Signature:**

 **Address:**

 **Phone:**  **Fax:**

**2. Name of Surveyor or Engineer:**

 **Address:**

 **Phone:**  **Fax:**

**3. Name of Subdivision:**

**4. Date of Preliminary Layout Approval:**

**5. Was a Zoning Change Requested?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

 If YES, the Plat may not be approved until it conforms to the local zoning. Include a Certificate of Zoning Compliance if a change was requested

**6. Does this application include a request to defer installation of sidewalks or landscaping?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

 If YES, the Final Plat cannot be approved unless the construction of such improvements is guaranteed with a performance bond.

**7. Has a Performance Guarantee been secured?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** If YES, please attach a copy of the Performance Guarantee with this application. If NO, the Final Plat cannot be approved.

**8. Have all improvements that are required to be installed been installed?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** If NO, the Final Plat cannot be approved

**9. Have Maintenance Guarantees been secured for each type of improvement?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** If YES, please attach a copy of the Maintenance Guarantees with this application. If NO, the Final Plat cannot be approved.

**10. Do you propose deed restrictions and/or owners association?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** If YES, please attach a copy.

**11. List other materials submitted with this application.**

 Item Number

 1.

 2.

 3.

 4.

 5.

 6.

 7.

**For Official Use Only**

Date Received:

Date of Meeting of Planning Commission:

Plat Fee $:

Action by Planning Commission:

If Plat is rejected, reasons for rejection:

Date: Director