



**Planning Commission  
Hearing Request:  
Major Subdivision**

Planning & Zoning Department  
100 Dayton St, 2<sup>nd</sup> Floor  
Yellow Springs, OH 45387  
(937) 767-1702

[FOR OFFICE USE ONLY]

Case #: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

**Applicant Information**

Property Address:	_____					
Property Owner:	_____		Phone:	_____	Email:	_____
Applicant Name:	_____		Phone:	_____	Email:	_____
Mailing Address:	_____					

**Project Information**

Subdivision Name:	_____					
Greene Co Parcel #:	_____		Total Acreage:	_____		
Zoning District:	_____		Total Number of Lots after subdivision:	_____		

Subdivision approval process shall be as stipulated in Chapter 1226 and Ohio Revised Code 711.

I hereby certify, under penalty of perjury, that all the information provided on this application is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Preliminary Plat**

Date filed: _____	Planning Commission Hearing Date:	_____	Zoning District:	_____
Fee* \$ _____	*\$300			<input type="checkbox"/> Paid
PC Action Taken	Approved <input type="checkbox"/>   Denied <input type="checkbox"/>   Modification <input type="checkbox"/>   None <input type="checkbox"/>			

**Final Plat**

Date filed: _____	Planning Commission Hearing Date:	_____	Zoning District:	_____
	<b>Number of Lots:</b>			
Fee** \$ _____	**Number of lots x \$50 + \$100 + a deposit bond			<input type="checkbox"/> Paid
PC Action Taken	Approved <input type="checkbox"/>   Denied <input type="checkbox"/>   Modification <input type="checkbox"/>   None <input type="checkbox"/>			
Village Council Hearing Date:	_____	Action Date:	_____	Ordinance Number:
Council Action Taken	Approved <input type="checkbox"/>   Denied <input type="checkbox"/>   Modification <input type="checkbox"/>   None <input type="checkbox"/>			
	Zoning Official Name and Title			Date