



Village of Commercial Point

P.O. Box 56
Commercial Point, Ohio 43116
(614) 877-9248

Lot Split Application

Date Received: _____

Property Information
Street Address: _____ Zoning Classification: _____
Parcel Number: _____ Size of Parcel (Acres): _____

Property Owner Information
Name: _____ Phone: _____
Address: _____
City / State / Zip: _____

Intended Use of Property:

___ Business ___ Manufacturing ___ Residence (number of units) _____

Application Instructions

- 1. All completed applications must be filed with the Municipal Office.
2. All fees and costs must be submitted with completed applications.
3. Four (4) copies of supplementary information must be submitted with all completed applications.
4. Supplementary information shall include but not be limited to the following:
I. Legal description by a State of Ohio Registered Professional Engineer or Surveyor.
II. Names and mailing addresses of all adjoining property owners.
III. Survey showing the following:
A. Proposed division of land.
B. Owners of parcel and adjoining parcels.
C. Dimension and location of proposed lot lines.
D. Existing structures, easements, public facilities, setbacks, direction of drainage, bodies of water, including streams and rivers, and adjoining public roads.
E. Flood plain boundary (including flood way).
5. Once the application and supplementary information has been reviewed by the appropriate village officials, the application shall be placed on the agenda for the next regular council meeting for a decision by the Commercial Point Village Council. Once a decision has been made, the applicant shall be notified by the Village Fiscal Officer.

The Undersigned hereby applies for a minor subdivision certificate, to be issued on the basis of the representation contained herein, all of which the applicant swears to be true. The applicant further agrees to waive the seven (7) day response period as outlined in ORC 711.131.

Applicants Signature: _____ Date: _____ Fee Paid: _____

Minor Subdivision Certificate is: ___ Approved ___ Denied
Fiscal Officer Signature: _____ Date: _____
Approved With The Following Conditions: _____