

File Number - \_\_\_\_\_ Amount Paid/Check # \_\_\_\_\_

YYYYMMDD##TWP

**Coshocton County Regional Planning Commission  
Application for Minor Subdivision Approval  
Pursuant to Ohio Revised Code 711.131**

*One completed and executed copy of this application, per split, supplemented with applicable required information, as well as the Split Review Fee of \$50.00, must be filed with the Regional Planning Commission. Such applications will be assigned a file number and sent to the Coshocton County Engineer, Coshocton County Health Department, and Coshocton Soil and Water Conservation District for review and comments. A separate application shall be submitted for each proposed tract.*

NAME OF APPLICANT OR AGENT \_\_\_\_\_ Phone # \_\_\_\_\_

Land Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Surveyor \_\_\_\_\_

Surveyor email \_\_\_\_\_ Surveyor phone # \_\_\_\_\_

**PROPOSED PARCEL INFORMATION**

A sketch of the proposed parcel(s) is required. Please number tracts on plat if more than one. Please review the split review process that is attached to this form, for the requirements for the sketch.

Township \_\_\_\_\_ Road \_\_\_\_\_ Parcel # \_\_\_\_\_ Width/Depth Ratio \_\_\_\_\_

Size of Proposed Parcel \_\_\_\_\_ acres \*Proposed Land Use \_\_\_\_\_

\*Write in one of the following: Residential, Multi-Family, Commercial, Industrial, Agricultural, Recreational, Transfer to an Adjoiner Only, Other (explanation required use bottom of form).

**NOTE: THE SURVEY & LEGAL DESCRIPTION WILL BE REQUIRED TO HAVE THE NOTATION OF "NOT APPROVED FOR DEVELOPMENT" FOR THOSE TRACTS APPROVED ONLY FOR AGRICULTURAL OR RECREATIONAL PURPOSES.**

**Existing Structures or Proposed Development (buildings, well, septic, etc.)**

*For example: Proposed tract will have an existing house, well & septic or proposed tract has no structures or development.* \_\_\_\_\_

Is existing structure(s) served by water well \_\_\_\_\_ spring \_\_\_\_\_ public water \_\_\_\_\_ public sewer \_\_\_\_\_ ? Are there any existing easements for use of water? yes \_\_\_\_\_ no \_\_\_\_\_ Is any other party served by the water well or spring other than the current landowner? yes \_\_\_\_\_ no \_\_\_\_\_ Is there a need for a new access point to the public road, or is an existing access location utilized? new \_\_\_\_\_ existing \_\_\_\_\_ Is a common access drive currently utilized? yes \_\_\_\_\_ no \_\_\_\_\_ Is a common access drive needed yes \_\_\_\_\_ no \_\_\_\_\_ ?

**PLEASE NOTE:** The remainder of the property from which this proposed parcel is created will also be evaluated by the RPC to insure that it will be a viable parcel in compliance with RPC regulations. This approval of this application does not relieve the applicant of complying with all lawful regulations, including, but not limited to, those of the Coshocton County Regional Planning Commission, the Coshocton County Health Department, and the Coshocton County Engineer.

The undersigned applies for Minor Subdivision Approval under ORC Section 711.131, and certifies that all material submitted with this application is true and correct to the best of my knowledge and belief.

**Applicant or Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Please return to Coshocton County Regional Planning, 401½ Main Street, Coshocton, Ohio 43842 rev. 12/08

## COSHOCTON COUNTY REGIONAL PLANNING SPLIT REVIEW PROCESS

Each split is reviewed by Regional Planning, the General Health District, Access Management and a soils report is provided by Coshocton Soil and Water Conservation.

Regional Planning has a fee of \$50.00 per split. Coshocton County Health Department also has its own application and fee of \$50.00 per split. The Health Department application appears on the third page of the Minor Subdivision Application on our website

<http://www.coshoctoncounty.net/agency/rpc/index.php> One check can be made payable for the fees to the Coshocton County Regional Planning Commission, our office will then split the fees with the Health Department.

When requesting a split:

- Remit one completed copy of the "Application for Minor Subdivision Approval" per tract.
- Your application should also include a sketch of the proposed split(s) with each tract numbered to correspond with the application.

The sketch should include:

1. The "depth to width ratio" written on each tract under 20 acres and the odd shaped tracts should have a written justification for the "depth to width ratio" measurements.
2. Total road frontage must also be shown for each tract.
3. An adequate amount of criteria for new proposed boundary lines of the new tract. For example: The west line shall border the tree line and be perpendicular to the road for approximately 500 feet.
4. If there will be a common access drive or if there are any existing easements.

This is important for the reviewing agencies to have the information stated above to give a more detailed review of the proposed tract. Please mark all proposed lots at the corners with flags to aid Access Management and the County Health Department with field reviews.

Your application must be completely filled out and paid for when submitted or it will be returned to you to be completed. Please note that changes that are made after the approval of the split may constitute a new review and fee.

When the review is complete, a mailed copy of the review packet will be sent to the Agent. The surveyor will then receive the review packet via email.

If you have any questions, please call (740)622-7776 or (740)294-4610 or email [tiffanyswiger@coshoctoncounty.net](mailto:tiffanyswiger@coshoctoncounty.net)

**COSHOCTON COUNTY  
GENERAL HEALTH DISTRICT**

724 South Seventh Street  
Coshocton, Ohio 43812  
Ph. 740 622-1426 Fax 740 295-7576  
e-mail [coshcohnd@odh.ohio.gov](mailto:coshcohnd@odh.ohio.gov)

**LOT REVIEW APPLICATION**

File Number - \_\_\_\_\_

Current Owner \_\_\_\_\_

Lot Address \_\_\_\_\_ Township \_\_\_\_\_

Is property currently Developed? : \_\_\_\_\_ Yes\* (complete #1, 2 & 3) \_\_\_\_\_ No

#1. Building (s) on the property? ( check all that apply)

\_\_\_\_\_ mobile home \_\_\_\_\_ house \_\_\_\_\_ commercial business \_\_\_\_\_ other

#2. What type of sewage system services these building (s)? (check all that apply)

\_\_\_\_\_ city/public sewer \_\_\_\_\_ on-lot sewage system (septic tank, etc) \_\_\_\_\_ don't know \_\_\_\_\_ none

#3. What type of water source serves the building(s)?

\_\_\_\_\_ municipal \_\_\_\_\_ public well \_\_\_\_\_ private well \_\_\_\_\_ spring \_\_\_\_\_ other

\*The undersigned agrees to pay a \$50.00 service fee per lot (Authority: Resolution 2003 – 19)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_

-----for office use only-----

The lot(s) were reviewed to determine conformity to the necessary standards for installing septic and water systems according to the provisions of Chapter 3701-28 and Chapter 3701-29 of the Ohio Administrative Code. Owners and/or builders are strongly encouraged to obtain installation permits prior to the start of construction. This report is not a guarantee and applies only to the conditions observed on the above date of inspection. The inspection is limited to those items which can be observed under the prevailing weather and surface conditions at the time of inspection. A change of usage may affect the performance and life of the water and sewage systems.

Limitations/Restrictions \_\_\_\_\_

On-site inspection date \_\_\_\_\_ Sanitarian \_\_\_\_\_