

**APPLICATION FOR LOT SPLIT/COMBINATION  
MANTUA VILLAGE, OHIO**

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

Property Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Current Use(s): \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Agent/Attorney: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Surveyor/Engineer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Application for:     \_\_\_ Lot Split           \_\_\_ Lot Combination           \_\_\_ Re-Plat

Permanent Parcel Number(s): \_\_\_\_\_

Description of Project: \_\_\_\_\_

Application Requirements:     *(Incomplete Applications will be rejected)*

\_\_\_\_\_ Non-Refundable Application Fee – **\$20.00** - Make Checks payable to the Village of Mantua.

\_\_\_\_\_ Original Mylar and six (6) copies prepared and certified by a registered surveyor, showing any easements and/or rights-of-way.

\_\_\_\_\_ Legal Description describing new lot or lots to be created

\_\_\_\_\_ Copy of County Tax Map showing surrounding properties

\_\_\_\_\_ Proper Certification of Ownership

\_\_\_\_\_ Attach documentation showing size and setbacks of all existing structures

Application deadline is seven (7) days prior to monthly Planning Commission meeting which is held on the 2<sup>nd</sup> Tuesday of each month.

***I hereby certify that the information contained in this application is true and correct to the best of my knowledge.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent or Attorney Signature (include notarized statement)

\_\_\_\_\_  
Date

\_\_\_\_\_ *(Staff use only below this line)* \_\_\_\_\_

Date Received: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Planning Commission Review Date: \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

If Denied, state reasons: \_\_\_\_\_

Planning Commission Chair Signature: \_\_\_\_\_