Planning Commission Hearing Request:
Major Subdivision

Planning & Zoning Department
100 Dayton St, 2nd 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.

Owner Signature:_____ **Date:** _____

Applicant Signature:_____ **Date:** _____

FOR OFFICE USE ONLY				
Preliminary Plat				
Date filed:_____	**Planning Commission Hearing Date:**		**Zoning District:**	
Fee* $_____	*$300			☐ Paid
PC Action Taken	Approved ☐ | Denied ☐ | Modification ☐ | None ☐			
Final Plat				
Date filed:_____	**Planning Commission Hearing Date:**		**Zoning District:**	
	Number of Lots:			
Fee $**_____	**Number of lots x $50 + $100 + a deposit bond			☐ Paid
PC Action Taken	Approved ☐ | Denied ☐ | Modification ☐ | None ☐			
Village Council Hearing Date:		Action Date:	Ordinance Number:	
Council Action Taken	Approved ☐ | Denied ☐ | Modification ☐ | None ☐			
	Zoning Official Name and Title		Date	