

APPLICATION FOR PRELIMINARY PLAT
FAIRFIELD PLANNING COMMISSION
CITY OF FAIRFIELD, OHIO

1. Name of Subdivision: _____
2. Name of Applicant: _____
Address: _____
Phone No.: _____
Email Address: _____
3. Name of Owner of Record: _____
Address: _____
Phone No.: _____
4. Name of Surveyor or Engineer: _____
Address: _____
Phone No.: _____
Email Address: _____
5. Location Description: Attach a copy of the legal description.
Section: _____ Township: _____ Range: _____
6. Proposed Use: _____
7. Existing Zoning District: _____
8. Acreage of Parcel(s): _____ No. of Proposed Lots: _____
9. Are Deed Restrictions proposed?: _____ If yes, please attach a copy.
10. In which elementary school district is the proposed subdivision located – Central, South, East or West: _____

11. Attach 3 copies to scale of the Preliminary Plat in conformance with Section 1105.04 of the Planning and Zoning Code along with a filing fee outlined on page 3. Submit one electronic copy via CD or email (development@fairfield-city.org).

Planning Commission meets on the second and fourth Wednesday of every month. The full application, including the filing fee, must be submitted at least 10 days prior to the meeting.

The undersigned agrees that the submittal date for this plat shall be as defined in Section 203.205, the date on which the Planning Commission first considers the plat at a regular meeting.

Signature of Applicant or Authorized Agent

Date

OFFICIAL USE ONLY

Date Received: _____

Received By: _____

Date of Planning Commission meeting: _____
(Official submission date)

Filing Fee: \$75.00 plus \$2.00 per lot up to 50 lots and \$1.00 per lot over 50 lots.

Amount: _____

Paid by: _____

Check No.: _____

Date: _____