# *VILLAGE OF CRAIG BEACH,OHIO*

# APPLICATION FOR RE-PLAT

PROPERTY OWNER:_____

MAILING ADDRESS:_____
STREET CITY STATE ZIP-CODE

TELEPHONE NUMBER: Home:_____Cell:_____

E-MAIL:_____

IF THERE IS A BUILDING ON THE LOT(S) BEING SUBMITTED IF YES
PROVIDE ADDRESS:_____

DESCRIPTION OF LOTS: [ STREET ]
Parcel #_____ Lot #_____Lot Size:_____[_____]
Parcel #_____ Lot #_____Lot Size:_____[_____]
Parcel #_____ Lot #_____Lot Size:_____[_____]
Parcel #_____ Lot #_____Lot Size:_____[_____]
Current Zoning District: ( ) R-1 ( ) R-2 ( ) Business

Reason for Re-Plat: _____

Owner signature:_____ Date:_____

Zoning Inspector:_____ Date:_____

Is the Finial Surveyed Plat Map Included: ( )YES ( )NO
Note: Mark if submitted.
( ) 2 Paper copies required - ( ) 1 Mylar copy required

Date of Commission Meeting:_____
Action: Approved ( ) Disapproved ( )
For:_____ Against:_____

Chairman Signature:_____

Comments:_____

_____